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ABSTRACT

Written primarily by camp administrators affiliated with the National Easter Seal Society, this publication is designed to help camp directors meet the challenges of including campers of all abilities in their camp programs. The first section provides an overview of the inclusion concept in general and at camp, and discusses legal and medical considerations. Chapters are: "The Inclusion Concept" (Jeff Smith); "Meeting the Mandate: Americans with Disabilities Act" (Martin E. Block, Mel L. Horton, Andi Reed); "A Camp Inclusion Model" (Martin E. Block, Mel L. Horton, Timothy D. Davis, Jane Carr, Mary Ellen Ross); and "Medical Considerations" (Barbara Daschner). In the second section, guidelines for developing model outdoor activity programs address such issues as accessible facilities and equipment, safety, staff selection and training, and adapted instruction. Chapters are: "Adventure Programs" (Eric Dresser, Deb Duerk, Joe Baggot); "Archery" (Martin E. Block, Mel L. Horton); "Canoeing" (Karen Hensley, Wynn Lewis); "Equestrian" (Peggy Smith); "Fishing" (Dan Gilliland); "Golf" (Martin E. Block, Linda K. Bunker); "Outdoor Adventure Trips" (Glenn M. Roswal, Tom Collier, Eric Dresser, Jill Hembree); "Sailing" (Mike Currence, John Todd, Sarane McHugh); "Swimming" (Sally L. Walker, Cheryl Bynum); "Technology" (Todd Lowther); and "Winter Activities" (Ken Saville). The final section, compiled by Diane Mathews, lists resources with contact information: professional organizations, clearinghouses for disability information, special activity resources, publications, and Easter Seal residential camps. Also included are a glossary of selected disability terms, a list of contributors, and "Ten Commandments" for people in the helping professions. Contains references or additional resources in each chapter. (SV)

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A RESOURCE FOR CAMP DIRECTORS

ED 422 152

Including People with Disabilities in Camp Programs

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American Camping Association

Including People with Disabilities in Camp Programs

A resource for camp directors

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RC 021630

Including People with Disabilities in Camp Programs:
A resource for camp directors

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Camp ASCCA-Easter Seals, Alabama

Preface

Including people with disabilities in camp programs is not a new idea. Camps have served campers with a wide variety of abilities for many years. However, recent changes in attitudes toward people with disabilities, as well as legislative considerations, have brought the concept of inclusion to the forefront.

This publication is designed to help camp directors meet the challenges of including campers of all abilities in their camp programs. Suggestions and strategies are presented to facilitate the end goal of bringing interactive, challenging, and enriching opportunities to youth of all abilities.

The camp directors and administrators of camps affiliated with the National Easter Seal Society who contributed to this publication are individuals with many years of experience developing camp programs for people with disabilities. They are available to help any camp director or administrator who would like assistance in transitioning their camp program to include campers of all abilities.

This project was initiated by the National Camp Executives Group in an effort to make quality camp programs available to campers of all abilities. The authors appreciate the contributions of Marge Scanlin and Connie Coutellier in the development of this publication.

We are often asked: *"What is the benefit to my camp of including campers with disabilities?"* Our answer: *It is not only the right thing to do; it is good camp business.* Consumers with disabilities make up one of the fastest growing consumer markets. By making your camp program accessible, you are increasing your base for camper recruitment.

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Inclusion: An Overview

The Inclusion Concept

Jeff Smith
Easter Seal Society of North Carolina

As camp professionals, our goal is to provide camping and outdoor recreation opportunities to young people. We are charged with facilitating interactive, challenging, enriching, and growing experiences to youth of all abilities. This commitment to our young people is awesome in scope and the experiences we provide often influence their lives far beyond the short time they attend our programs. But often, individuals with disabilities are denied participation along side their peers who do not have disabilities. This occurs not because we cannot accommodate such individuals in our programs, but because we make assumptions that people with disabilities require specialized programs with specially trained staff. We often do not consider the lasting impact inclusive programs have on every camper.

Including people with disabilities in camp is more than just the nice thing to do—it is the right thing to do. However, the phrase *"including people with disabilities in camp"* is not universally defined or understood. The meaning is often interpreted and adapted to match individual perceptions of inclusion. These autonomous perceptions can cause frustration among and between camp administrators, camp staff, advocacy groups, parents, and campers. Each group uses this term independently without a collective understanding by all involved.

In an effort to better understand what the phrase "including people with disabilities in camp" means, consider the following definitions:

Inclusion is defined by The National Easter Seal Society (1994) as:

> "the full participation by persons with disabilities in settings and activities of their choice, including but not limited to settings and activities with persons who do not have disabilities."

For camps this can mean that individuals with disabilities participate along side their peers who do not have disabilities. The term *disability*, with respect to an individual, is defined in the Americans with Disabilities Act (1990) as:

> "(a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual, (b) a record of such an impairment, or (c) being regarded as having such an impairment" (Sec. 3 Definitions).

Camping is defined by the American Camping Association (1993) as:

> "a sustained experience that provides a creative, recreational and educational opportunity in group living in the outdoors. It utilizes trained leadership and the resources of the natural surroundings to contribute to each camper's mental, physical, social, and spiritual growth."

Separately, these definitions provide reference points for individual components of the phrase "including people with disabilities in camp." Combined, they encapsulate and foster endless possibilities for campers with and without disabilities, staff, administration, communities, and society as a whole.

The Easter Seal Society's involvement in the camp industry spans more than a half-century, providing hundreds of thousands of individuals with disabilities nationwide the opportunity to experience organized camp. Traditionally, those Easter Seal camp opportunities were arranged in segregated settings that served only campers with disabilities. Today, Easter Seal camp opportunities lie on a continuum of service options allowing individual choice in the type of camp program a person with a disability attends. Program options range from segregated settings to inclusive settings where individuals with and without disabilities participate together in the same program.

Shawn's Story

Shawn is a remarkable young man with a physical disability. At only sixteen years old, Shawn's accomplishments are impressive, ranging from academic accolades to international recognition. In fact, his accomplishments exceed those of most of his peers. His school mates, friends, and professionals characterize him as being highly energetic, ambitious, and focused. Shawn wants to be involved and active in life, whether it be at school, in the community, or at camp. His enthusiasm to participate and the high regard of his peers are due, in part, to his self-motivation and the opportunities made available to him through the local Easter Seal program.

Shawn has attended camp since he was eight years old. His first experience was in a segregated setting where only campers with disabilities attended. He participated in this camp for several years because it was the only camp program in the state available to people with physical disabilities. While his experience was good, he felt limited and unchallenged. Unlike his friends without disabilities, Shawn was not able to choose the type of camp he wanted to attend and this made him feel frustrated.

His family turned to Easter Seals in search of camp options that would allow for individual choices in the type of camp experience offered, the location of these experiences, and programs that would meet Shawn's individual needs and interests. Additionally, Shawn wanted to be able to go to camp with his friends and peers who do not have disabilities. In short, he wanted to go to camp with everyone else!

With help from Easter Seals, Shawn now attends camp programs where he participates in the same activities along side his peers. In fact, Shawn recently completed a counselor-in-training (CIT) program—a post-camper, pre-employment training program for young teenagers. His camp director nominated Shawn to represent the camp as its ambassador at an international camping event held once every three years. Shawn is the first person with a physical disability to participate in this global event. Shawn has achieved so much at camp that he is currently being considered for a camp staff position.

Shawn's inclusion at camp is evidence that people with disabilities can make a difference, if only they are given the opportunity and support to succeed. If Shawn had never been given the opportunity to be included in the same camp experiences as everyone else, he might never have become a CIT, or an ambassador, or have been considered for summer camp employment. His accomplishments at age sixteen are substantial; his expectations and dreams for the future are boundless. Shawn's story illustrates that individuals, regardless of their ability, should be given the same opportunities to participate and be included in all that life has to offer.

The Movement Toward Inclusion

The movement toward inclusion has been long and arduous. In the past, it was common practice to systematically place individuals with disabilities in institutions simply because they were different from everyone else. People placed in these institutions were often viewed as being unable to contribute to their communities. Typically, these institutions housed only individuals with disabilities and were strategically located in less populated, rural communities. Residents of these institutions usually had little contact with the "outside world." This type of segregated living environment left little chance, if any, for its residents to interact with local communities. As a result, individuals with disabilities had few opportunities to participate in and contribute to the mainstream of life.

Over time, our social values and culture have changed. Major civil rights movements have challenged racial and gender boundaries (Rynders and Schleien 1991). People have become more sensitive to and aware of other peoples' needs. These movements of social awareness and equality have become the catalyst for individuals with disabilities and their families to seek equality in education, recreation, community living, and general acceptance and participation in all aspects of life.

Inclusion, however, is not an end in itself but a dynamic process. Only in the last few years have we begun to understand and appreciate the benefits of having individuals of all abilities included in camp programs. These changing values are a result of a gradual shift in our social consciousness as reflected by the passage of such laws as the Architectural Barriers Act of 1968 (P.L. 90-480), the Rehabilitation Act of 1973 (P.L. 93-112), and most recently the Americans with Disabilities Act of 1990 (P.L. 101-336).

Laws are often perceived by those they affect as being intrusive, dogmatic, and burdensome; however, laws also generate opportunities. These opportunities incorporate guidelines that make our society a better place in which to live, work, and play. For people with disabilities, these laws ensure equal opportunity and access to the same experiences and privileges people without disabilities have always cherished, including employment, housing, public accommodations, education, transportation, communication, recreation, health services, voting, and access to public services. These laws are guidelines and minimum standards that businesses, communities, schools, governments, and even camps must follow to ensure basic rights to individuals with disabilities.

Why Should Individuals with Disabilities Be Included in Programs?

Individuals with disabilities want to be contributing members of their communities, to learn and grow in supportive environments, to participate in the activities of their choice, and to do so along

with everyone else. In short, people with disabilities want the same opportunities as people without disabilities.

In the past, people with disabilities had limited camp opportunities, typically in segregated programs that only served people with disabilities. Often, available camps were inconveniently located and limited in the type and variety of activity offerings. This separate-but-equal philosophy left little room for people with disabilities to experience the same camp opportunities as their peers. Individuals with disabilities, like those without disabilities, want the right to choose the camp that best meets their individual needs and interests.

Our society has begun to recognize that all people, regardless of their ability, can make contributions—at school, at work, in the community, and at camp. We are all enriched by these contributions; the process of inclusion benefits everyone involved, not just those individuals with disabilities. In *Together Successfully*, Rynders and Schleien (1991) cite benefits of inclusive settings for people both with and without disabilities.

For people with disabilities, inclusive recreational programming promotes:

- development of lifelong functional recreation skills
- development of appropriate social, recreational, and other community skills needed to successfully interact with people who do not have disabilities
- appropriate interdependent behavior by experiencing the realistic challenges that are part of integrated community life rather than experiencing only the predictability of segregated environments
- enjoyment and appreciation of recreation opportunities that recognize and reward different levels of ability, valuing each individual's contribution to the effort

For people without disabilities, inclusive recreational programming promotes:

- increased social sensitivity, developing skills that break down social barriers between people with and without disabilities
- enjoyment and appreciation of recreation opportunities that recognize and reward different levels of ability, valuing each individual's contribution to the effort

These are just a few examples of the many benefits everyone gains from participating in inclusive programs. As one camp counselor in an inclusive setting in North Carolina stated, "people with disabilities are as much a part of society as anyone else. Having them included in our camp helps heighten our sense of awareness and sensitivity to differences in our world."

The Process of Inclusion

There is no "cure all" or "quick fix" for inclusion. Inclusion is an ongoing, dynamic process; what works for one camp may or may not be appropriate for another camp. Therefore, it is important to promote the skills and knowledge that will aid in discovering the best solution for each program.

The process of inclusion involves many interdependent components such as facility accessibility improvements, programmatic access, and possible modifications to policies and procedures. As a whole, it can seem overwhelming and unconquerable; however, it is helpful to break down the big picture into smaller, more manageable components. The Easter Seal Society of North Carolina utilizes the following process when helping a camp prepare for the inclusion of people with disabilities. The process is divided into six components: (1) removal of physical barriers, (2) recruiting campers with disabilities, (3) camper acceptance process, (4) training staff, (5) camper participation, and (6) program evaluation. Together, these components provide the framework for inclusive programming.

Removal of Physical Barriers

The most common reason that camp directors cite for not making opportunities available to people with disabilities is that they have never had a person with a disability attend their camp and therefore feel it is not necessary to make any modifications to their facilities. It is likely that campers with disabilities have never participated in these programs because the facilities and program areas are inaccessible! Even if a camper with a disability wanted to attend, he or she might not be able to get through the front door much less take part in the program the camp has to offer. While it may be true that a person with a disability may never attend a particular camp, even an accessible one, it is essential that the opportunity be made available.

The first step toward removing physical barriers is to survey facilities for accessibility improvements that are *readily achievable*. The ADA defines readily achievable as "easily accomplishable and able to be carried out without much difficulty or expense." (For further explanation refer to the Americans with Disabilities Act of 1990). Many resources are available to assist camp directors in this process. They include *The Americans with Disabilities Act Checklist for Readily Achievable Barrier Removal*, state building codes, and local disability service agencies (such as Easter Seals).

Additionally, camp administrators should develop a written plan for the permanent removal of barriers at their facility. Incorporating accessibility into existing and/or long-range facilities improvement plans is a wise business decision. Any new construction or renovations must be accessible and meet the *Americans with Disabilities Act Accessibility Guidelines* (ADAAG) or state building codes, whichever are more stringent.

Recruiting Campers with Disabilities

The first step to recruiting campers with disabilities is to let them know they're welcome. In applications, brochures, camp videos, and any other camper recruitment materials, do not present statements that categorically disqualify a particular type or group of people. Rather, state the camp's willingness to include people of all abilities in its programs and to work with campers on an individual basis.

Camp directors should develop pilot projects with area disability service agencies to help recruit potential campers. These agencies can become valuable partners for referrals, technical assistance, and training. Remember that small successes lead to larger successes, which lead to positive and healthy program growth. Jumping head first into a project without proper organization, planning, and

support can create discomfort for everyone involved. That discomfort, if not dealt with properly, may lead to camp administrators and staff feeling less supportive and enthusiastic about including individuals with disabilities at camp.

Camper Acceptance Process

When asking questions regarding a camper's ability to participate in a program, remember that questions should be relevant to all campers. Convey to parents that this information will be used to determine appropriate supervision, support, and accommodations for the camper.

Parents can be a valuable resource to the camp staff. An open dialogue is often very beneficial. Exchange information regarding the camp's philosophy, program format, cabin lifestyle, and the type of accommodation, if any, the camper may need. If possible, invite families to the camp for a face-to-face visit to discuss ways to work together to include their child with a disability. Ideally, this visit should take place while camp is in session to help the family better understand and anticipate any challenges the child might encounter and to allow time to brainstorm ways in which to accommodate the child.

Camp directors may also want to contact local disability service agencies, such as Easter Seals, during this stage to help identify ways to include a camper with a disability in the program.

Training Staff

Training is probably the single most important way to convey valuable information to camp staff. Staff training includes a gamut of topics, covering everything from emergency procedures to characteristics of children and interpersonal relations. This is an excellent opportunity to introduce staff to the concept of inclusive programming. Disability service agencies can be invited to assist in planning for this session. The C.A.M.P. model that follows is also a good training tool.

Staff training also helps to establish work attitudes and social behaviors for the entire season. Training sessions should instill a positive, can-do attitude in camp staff by increasing their awareness of the contributions that all campers make to the camp experience. It's essential for directors and key staff to lead training sessions energetically; training conducted in an unenthusiastic manner conveys the message to camp staff that the topic is unimportant or meaningless.

Camper Participation

Simply because an individual with a disability participates in a program does not necessarily mean that there must be dramatic changes in the program. The C.A.M.P. model, developed by the Easter Seal Society of North Carolina, shows ways to include campers of all abilities in camp activities.

Communicate

The most accurate way to get specific information about a camper with a disability is to ask the camper directly about any special needs or precautions prior to participation. Staff and campers should talk about minimum qualifications for participating in certain activities (e.g.,

campers must be able to independently swim across the pool before they can go in the deep end of the pool). All campers should be involved when adapting an activity by asking, "how can we work together to include everyone in this activity?" Their creative suggestions will amaze you.

Attitude Positive

A positive, can-do attitude is the most important factor in making camp a successful experience for all campers.

Modify

- Modify activities only when necessary. Adaptations should be viewed as temporary, transitional changes. Adaptation should occur on an individual and age-appropriate basis.

Participate

Do not assume that a person with a disability is unable to participate. Emphasize the abilities of each person.

Program Evaluation

Like anything else at camp, it is important to evaluate the process and outcomes in order to make a program better next time. Add questions to existing camper and staff surveys that evaluate ways in which to improve the camp program, specifically those dealing with disability-related issues such as accessibility of facilities, programs, and activities. People with disabilities can be involved in all aspects of the program, including the camp board of directors, ad hoc committees, camper/parent focus groups, and staff.

Summary

The phrase *"individual with a disability"* describes first, an individual and second, someone who happens to have a disability. Each of us, regardless of our abilities, is an individual with our own specific needs and interests. Not every person with a disability needs or desires the same level of inclusion and/or adaptation, if any, to be successfully included in camp. Each person should be considered on an individual basis, with adaptations made only as necessary.

To prepare for the successful inclusion of people with disabilities in camp programs, camp administrators should involve people with disabilities at each level of program planning. It is not the sole responsibility of the camp director to decide whether or not a person with a disability should be included or the type of adaptations needed to include a camper with a disability. Inclusion is a collaborative decision-making effort between the camper, camp administration, the camper's family, and other resources in the community.

The process of including a person with a disability may take time and energy. But like many projects in the camp community, the benefits received are only as good as the amount of commitment put into the project. Camp directors can help people with disabilities achieve independence by providing opportunities for individuals with and without disabilities to interact together at camp.

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Meeting the Mandate
Americans with Disabilities Act

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On July 26, 1990, President George Bush signed into law the Americans with Disabilities Act. ADA has been called the most sweeping piece of civil rights legislation since the Civil Rights Act of 1964 (Markel Rhulen 1992; Thompson Publishing Group 1992). Its protection of individuals with disabilities spans a wide variety of public and private services such as education, transportation, housing, employment, and recreation (Epstein, McGovern, and Moon 1994). While not specified in the Act, camp programs, activities, and facilities are covered under ADA. Thus, it is important for camp administrators to understand ADA and its implications for the inclusion of individuals with disabilities in camp programs.

What is ADA?

ADA provides basic civil rights protection for individuals with disabilities. It was designed to facilitate the integration of individuals with disabilities into every aspect of society by providing a clear and comprehensive national mandate eliminating discrimination against these individuals (Markel Rhulen 1992). It extends previous civil rights legislation such as the Architectural Barriers Act of 1968 and Section 504 of the Rehabilitation Act of 1973. While these previous Acts laid the foundation for antidiscriminatory practice, they only covered those entities that received federal assistance. In addition, testimony before Congress in the late 1980s showed that while these Acts had some impact, there continued to be widespread discrimination against individuals with disabilities in such everyday activities as employment, housing, and recreation (Thompson Publishing Group 1992).

ADA was not designed to be an affirmative action statute. Rather, it assures *equal opportunity* and full participation. As such, the law prohibits excluding any person with a disability from jobs, services, activities, or benefits based solely on disability (Block 1994; Stein 1993). For example, it would be a violation of ADA to deny employment as an instructor in a summer day camp to an individual who has a hearing impairment if that individual meets the requirements of the job. Similarly, a residential camp open to the public would be in violation of ADA if it denied enrollment to an otherwise qualified child with sight impairments solely because of the child's disability.

Who is Protected?

ADA does not identify specific disabilities. However, ADA considers any otherwise qualified individual with a disability to be covered under the law. As noted in the first chapter, a disability includes:

> (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual, (b) a record of such an impairment, or (c) being regarded as having such an impairment. (This includes limitations resulting from the negative attitudes of others towards the disability, as is sometimes the case with severe burns, HIV/AIDS, seizure disorders, alcoholism, and other conditions.)

ADA does not cover an individual who is a direct threat to the health or safety of others and whose threatening behavior cannot be mitigated by appropriate modifications or aids. For example, a child with a severe behavior disorder can be considered dangerous if the child demonstrates violence toward others even with the support of a behavior specialist. If this severe behavior can be substantiated, then the child can be denied enrollment in a camp. It is important to use objective measures when determining if a potential camper is truly dangerous to others. For example, children with HIV/AIDS are not dangerous to others if those around them take proper precautions when handling blood products and hazardous waste products.

Also note that a person with a disability cannot be denied participation in an activity because the activity is perceived to be too dangerous for that person. It is the right of all Americans to choose to participate in activities that involve a certain level of risk. While camp administrators and staff can recommend that a particular camper not participate in certain "dangerous activities," it is ultimately the decision of the camper and the camper's parents and physician. For example, a canoeing trip may pose some unique dangers to a camper who uses a wheelchair due to lower body paralysis. It is the right of that camper to make an informed decision to participate in the activity. All campers, with and without disabilities, must meet the minimum skill requirements for the trip and follow safety precautions (e.g., ability to swim and wear a personal flotation device).

Five Major Titles of ADA

ADA is divided into five major titles.

Title I—Employment. Employers cannot discriminate against a qualified individual who has a disability based on the disability. A *qualified individual* is a person who, with or without reasonable accommodation, can perform *essential functions* of the job. Auditory, visual, ambulatory, mobility, cognitive, and communication abilities should only be listed in job descriptions if they are necessary criteria to fulfill the essential functions of the job. This employment provision applies to all employment practices, including job application procedures, hiring, advancement, or discharge of employees. It applies to all camps, including publicly and privately sponsored and for-profit and nonprofit camps (McConnel 1993).

An employer may not ask an applicant about the nature of his or her disability. However, an employer may ask about the applicant's ability to perform job-related functions and may even ask for a demonstration (McConnel 1993). For example, a camp director may ask a potential aquatics instructor who is deaf to demonstrate his or her ability to swim and deliver instruction in a swimming lesson.

In addition, employers must make *reasonable accommodations* for qualified individuals with disabilities. Such accommodations might include ramps for individuals who use wheelchairs, signs in braille on

cabins and at trail heads for those who are blind, and nonvocal telephone terminals for those who are deaf (see discussion of reasonable accommodation later in this chapter).

Employers do not have to provide preferential treatment to applicants with disabilities. For example, in the case of a potential camp employee who uses a wheelchair, the camp may need to make reasonable accommodations to ensure accessibility of the camp facilities. However, the camp may choose to hire a person with more camp experience as long as the decision was based on individual qualifications and not disability.

Title II—Public Services and Transportation. Employers cannot discriminate against a person with a disability regarding state and local government transportation, activities, programs, and services. This title covers publicly funded day and sports camps such as those sponsored by local communities. These locally supported camps must provide individuals with disabilities access to all activities, programs, and services. For example, a child who uses a wheelchair may participate in a community sponsored day camp. This includes accessible transportation (if provided to other campers) and accessible facilities. Similarly, a child who has a severe hearing impairment may participate in a community sponsored computer camp. A reasonable accommodation for this camper might be written instructions as a substitute for verbal instructions or even an interpreter if that is the only way the camper can benefit from the camp. Public agencies may provide separate programs for individuals with disabilities (e.g., therapeutic day camps for individuals with mental retardation). However, an individual with a disability has the right under ADA to choose integrated programs rather than separate programs.

Title III—Public Accommodations. Employers cannot purposely prevent a person with a disability from receiving the full and equal enjoyment of goods, services, facilities, privileges, advantages, or accommodations that are available to the general public. Public accommodations include hotels, restaurants, banks, business offices, convention centers, retail stores, libraries, schools, and *recreation facilities*. This includes arts and crafts clubs; camping and other outdoor, wilderness, and adventure activities; dramatic and musical activities; organized hobby groups; physical activities including fitness programs; playgrounds and play areas; social activities and field trips; sports and games; and swimming and aquatics activities (Stein 1993).

Agencies must change policies and practices, provide auxiliary aids, and improve accessibility unless doing so imposes *undue hardship* (see later discussion of undue hardship). For example, a child with a seizure disorder applies to a privately sponsored residential camp that is open to the public. The camp cannot deny enrollment solely because of the child's disability. In addition, the camp must make reasonable accommodations to ensure the safe and successful participation of the camper. In this case, it would be appropriate for the camp to reduce the camper-to-staff ratio and train the staff regarding emergency procedures for seizures. Similarly, a privately sponsored basketball camp that is open to the public cannot deny enrollment to a child who uses a wheelchair. If that child meets all general enrollment criteria (in most cases an age requirement and an interest in basketball), then he or she may enroll in the camp. Reasonable accommodations for this particular camper might include altering the facility to make it more accessible or choosing a more accessible site at which to host the activities.

Title IV—Telecommunications. This title refers to telephone services for the deaf (nonvoice terminals), as well as access to federally funded close-captioned TV service messages. In terms of camps,

nonvoice terminals should be available for parents who are deaf and are calling for information about the camp. In addition, campers with hearing impairments should have access to nonvoice terminals if the use of a phone is available to other campers.

Title V—Miscellaneous Provisions. Primarily, this title discusses administrative details, definitions, and procedures for implementing and supporting the first four titles.

Reasonable Accommodation

Two relatively subjective concepts are *reasonable accommodation* and *undue hardship*. ADA defines reasonable accommodation as an adaptation to a program, facility, or work place that allows an individual with a disability to participate in the program or service or to perform a job. Accommodations may also consist of changes in policies, practices, or services and the use of auxiliary aids. Examples of reasonable accommodations include providing qualified interpreters for the deaf, providing qualified readers and taped texts for individuals who are blind, acquiring or modifying equipment or devices for individuals with physical disabilities, making a facility more accessible, adding more staff, and providing extra staff training.

Reasonable accommodations apply to "qualified" individuals with disabilities. In other words, if the individual is not qualified for an activity, then accommodations are not necessary. For example, an elite soccer camp invites only those players who meet a specific skill criteria. The skill criteria becomes the qualifying aspect of enrollment. A child who is blind and is interested in soccer but has limited skills does not meet the criteria for this camp. That player can be denied enrollment and/or reasonable accommodations. On the other hand, a very skilled soccer player who is deaf qualifies for enrollment in the camp. This child may need the provision of an interpreter during certain times of the day, a reasonable accommodation that would not impose undue hardship on the camp. Reasonable accommodations should be made on a case by case basis.

Undue Hardship

Undue hardship refers to an action requiring significant difficulty or expense, when considered in light of certain factors. That is, any action that is unduly costly, extensive, substantial, disruptive, or that will fundamentally alter the nature of the program can be considered an undue hardship. Factors to be considered include the: (a) nature and cost of the accommodation, (b) overall financial resources of the facility involved in the provision of the reasonable accommodation, including the number of persons employed, (c) overall financial resources of the covered entity, including the overall size of the business, and (d) type of operation of the covered entity, including the composition, structure, and function of the work force. For example, a residential camp that is in a rural, hilly setting might find it an undue hardship to make all cabins accessible. However, it may be reasonable for the camp to make at least one cabin accessible as well as any recreation building (Markel Rhulen 1992). Similarly, it may be an undue hardship for a golf camp to make a golf course totally accessible for a camper who uses a wheelchair. On the other hand, it would not be unreasonable to allow this person to use a golf cart to get around the course and facilities, allow the person to hit from the golf cart, and allow the golfer some rule modifications such as free lifts from deep sand traps.

What Camps Must Do to Meet the Mandate of ADA

Provide an Opportunity to Participate

Publicly or privately sponsored day or residential camps that are open to the general public must provide individuals with disabilities the opportunity to participate in their regular programs that have no other criteria such as special skills criteria. A camp must provide auxiliary aids and services unless doing so causes undue hardship on the camp. Religiously affiliated camps that accept campers only of a particular denomination are not covered under ADA, although qualified individuals with disabilities should be permitted to participate.

Publicly or privately sponsored sports camps that have special skill criteria but are open to the general public must provide the opportunity to try out for a place in the camp (Block 1994). These camps must provide auxiliary aids and services during tryouts to provide an equal opportunity. For example, a basketball camp might have to provide an interpreter for a player who is deaf during tryouts so that the player can be judged on skill level, not his or her ability to follow verbal directions. If an individual with a disability meets the skill criteria, then he or she cannot be denied an opportunity to participate in the program or the necessary auxiliary aids and services. In other words, a camp cannot deny an individual participation in a sports camp solely based on disability. Also, camps cannot utilize eligibility criteria that screen out children with disabilities (Block 1994; Markel Rhulen 1992). For example, setting criteria that a child must be able to see, hear, or walk would be discriminatory. More acceptable criteria would be speed in a forty-yard dash; certain qualifying scores in golf, archery, or bowling; or a certain rating in tennis.

Even if specialized camp programs are offered in a particular community or by a certain agency, an individual with a disability must be given the opportunity to participate in regular camp programs. For example, a community offers a special camp for individuals with health disabilities (e.g., asthma, diabetes) and also offers a regular camp open to the public. If the individual with one of these disabilities chooses the regular camp, then that community agency must make provisions to include that individual in the regular camp. Provisions in the cases of campers with health disabilities may include having a nurse on staff and providing extra staff training concerning emergency procedures.

Provide Accessible Facilities

Publicly or privately sponsored day or residential camps that are open to the general public must make facilities accessible to individuals with disabilities unless doing so causes an undue hardship on the camp. In most cases reasonable accommodation means that a portion of the existing facilities must be accessible. For example, it may be unreasonable to make every piece of existing playground equipment at a camp accessible, every toilet at a camp accessible, or every fishing area around a lake at a camp accessible. However, key areas need to be accessible so that campers with disabilities can be integrated into as many regular camp activities as feasible. Temporary solutions may work. For example, a tennis camp might use a temporary ramp to get campers who use wheelchairs to the court rather than building an expensive, permanent ramp. ADA regulations contain a wide range of relatively moderate measures that may be taken to remove barriers including installing ramps, making curb cuts, repositioning shelves, rearranging tables, repositioning telephones, adding braille markings on doorways and elevators, and creating designated parking spaces (Stein 1993). Any new structure built after 1993 must be fully accessible to individuals with disabilities (Markel Rhulen 1992).

Figure 1. Practical Steps to Comply with ADA*

- Set up an advisory committee that includes individuals with disabilities. Solicit input from families, social and educational professionals, and medical professionals.
- Review current programs and protocol of the camp and determine if they meet the mandate of ADA. Look for policies or practices that may be discriminatory.
- Educate boards of directors about ADA through pre-service and in-service training.
- Heighten camp staff's awareness of campers with disabilities. Train staff to eliminate discriminatory remarks and practices. If a camper with a specific disability is definitely coming to camp, train staff to meet the unique needs of the camper.
- Review current program applications, health care statements, and other documents to ensure that the language is not discriminatory.
- If you are not sure of the accessibility of your camp site, seek advice.
- Review safety considerations and emergency procedures to ensure that individuals with disabilities can take part safely and are warned of the inherent risks of the activity.

*adapted from Stein, J.U. 1993. The Americans with Disabilities Act: Implications for recreation and leisure. In *Leisure opportunities for individuals with disabilities: Legal issues* edited by S.J. Grosse. Reston, Va.: AAHPERD.

Provide Equal Transportation and Telecommunication Opportunities

Publicly or privately sponsored day or residential camps that are open to the general public must make transportation and telecommunications available to campers with disabilities if such services are provided to other campers. Vehicles with a seating capacity of sixteen passengers or less do not necessarily have to be accessible for individuals with disabilities, but at least one vehicle within the fleet must be accessible (Markel Rhulen 1992). All vehicles with a seating capacity in excess of sixteen passengers must be accessible. Reasonable accommodations for a small camp with one bus might be hiring a special lift bus for occasional day trips for a camper who uses a wheelchair rather than making expensive alterations to the camp bus.

Enforcement of ADA

The Equal Employment Opportunity Commission enforces the employment section of ADA. The Department of Transportation enforces the transportation section. The Department of Justice enforces the public accommodations section (public and private facilities that are open to the general public). And the Federal Communications Commission implements the telecommunications section.

In most cases, remedies include injunctive relief in the form of changes in facilities, programs, and policies to make facilities and programs more accessible. Disputes in employment can also lead to back pay and attorney fees.

Summary

The goal of ADA is to provide opportunities for individuals with disabilities to participate in all aspects of everyday life. This includes public or private camp programs that are open to the general public. ADA mandates that day and residential camps, outdoor environmental education programs, conference centers, trip camps, travel camps, and high adventure camps that provide programs, facilities, and transportation to individuals without disabilities make these same programs, facilities, and transportation available to qualified individuals with disabilities (Markel Rhulen 1992). With relatively simple modifications, many more campers with disabilities can experience the joy and excitement of participation in regular camp activities together with their peers.

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A Camp Inclusion Model

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Historically, camp programs for individuals with disabilities have relied on a segregated model. In this model, campers with disabilities attend special camps designed to meet their unique needs (AAHPERD 1976; Moon 1994). The benefits of such camps include accessible facilities, adaptive equipment, special programming, specialized staff, and a higher staff-to-camper ratio.

While using a segregated setting to provide special services may be attractive, there has been a recent shift in philosophy regarding where people with disabilities should receive services. Many individuals with disabilities and their families are seeking opportunities to participate in integrated community activities rather than separate programs. While they may still want and need special services, such services can and should be provided within the regular camp environment. Such feelings are now supported by laws such as the Americans with Disabilities Act of 1990 and the Individuals with Disabilities Education Act of 1990 (Markel Rhulen 1992; Moon 1994).

Why would campers with disabilities and their parents opt for integrated rather than segregated programs? As noted in the first chapter, an integrated camp approach can benefit individuals with disabilities in many ways, including the opportunity to: (a) develop social, recreation, and other skills needed to interact appropriately with peers without disabilities, (b) develop appropriate interdependent behavior, such as asking for assistance when needed, through exposure to the every day challenges characteristic of integrated community life, and (c) interact with peers and develop new friendships (Block 1994; Rynders and Schleien 1991; Schleien and Ray 1988). For individuals without disabilities, the benefits include: (a) increased awareness of people with disabilities, (b) improved attitudes and understanding of people with disabilities, and (c) a willingness to accept different levels of abilities in recreational and camp activities (Block 1994; Rynders and Schleien 1991; Schleien and Ray 1988). With guidance, everyone can enjoy positive experiences in integrated camp settings.

A Camp Inclusion Model

While inclusive camp options are becoming more popular, simply placing campers with disabilities into the regular camp setting is not always appropriate and could be potentially dangerous. Inclusion should be a thoughtful decision focused on providing the necessary support to ensure a safe

and successful camp experience. Figure 2 describes a model that may be used for including individuals with disabilities in regular day and residential camps. The emphasis of this model is on varying levels of support to the camper with disabilities, as well as to camp staff. Support can be provided by other campers, by regular camp staff, and/or by specialists such as therapeutic recreation specialists, nurses, interpreters for campers who are deaf, vision specialists for campers who are blind, behavior specialists for campers with emotional disturbances, physical therapists for campers who have physical disabilities, and other specialists.

Figure 2. Camp Inclusion Model: A Continuum of Support*

Level I: Regular Camp with No Direct Support from a Specialist

- no special assistance
- assistance from peers or regular staff
- reduction in camper-to-staff ratio

Level II: Regular Camp with Consultative Support from a Specialist

- no special assistance
- assistance from peers or regular staff
- reduction in camper-to-staff ratio

Level III: Regular Camp (abbreviated session) with Consultative Support from a Specialist

- no special assistance
- assistance from peers
- assistance from extra staff

Level IV: Regular Camp (full or abbreviated session) with Direct Support from a Specialist

- no special assistance
- assistance from peers

Level V: Reverse Mainstreaming (including campers without disabilities in special camps)

- no special assistance
- assistance from peers

*adapted from Block, M.E. and P.L. Krebs. 1992. An alternative to least restrictive environments: A continuum of support to regular physical education. *Adapted Physical Activity Quarterly* 9: 97-113.

Level I: Regular Camp with No Direct Support from a Specialist

At this level, campers with mild disabilities can participate in all regular day and residential camp activities without the need for support from a specialist. However, some campers with disabilities might benefit from peer support or from a reduction in camper-to-staff ratio. There are three sublevels within this level.

No special assistance. Many campers with mild disabilities will not need extra support to be successful in virtually all camp activities. For example, a camper with mild cerebral palsy, normal intelligence, who can walk independently, and who can take care of all of his or her own personal needs most likely will be able to participate in regular camp experiences without any special support.

Assistance from peers or regular staff. In some cases, while support from a specialist is not needed, extra support from peers or staff members might be warranted. For example, a child with Down Syndrome (mental retardation) can physically participate in all regular camp activities. However, he or she might need support from a peer in following more complex directions, knowing where and when to go to various activities, performing some fine motor activities such as arts and crafts, and having a "buddy" during swimming activities.

Reduction in camper-to-staff ratio. To ensure success and enhance safety, it may be necessary to reduce the camper-to-staff ratio to a more manageable number. For example, on an overnight wilderness experience that includes activities such as hiking, setting up a tent, and preparing meals, it would be advisable to reduce the camper-to-staff ratio when including a camper who has a visual impairment and may need more staff attention.

Level II: Regular Camp with Consultative Support from a Specialist

Within this level, campers with disabilities participate in day and residential camp experiences with peers without disabilities. Parents and/or specialists, such as a certified therapeutic recreation specialist, adapted physical educator, physical therapist, nurse, doctor, vision specialist, or behavior specialist, can be called upon to provide consultative support for campers with disabilities within regular activities. Consultative support can be in the form of phone conversations, face-to-face meetings between staff and the specialist, and written information such as medical reports, medication schedules, transferring and positioning techniques, or behavior management techniques. As was the case in Level I, there are three sublevels within Level II.

No special assistance. Many campers can independently participate in all camp activities. However, staff may need to be aware of certain medical, behavioral, and/or self-care concerns. For example, a camper with an emotional disturbance may be fearful of loud noises. By knowing this ahead of time, staff can avoid situations involving loud noises that might frighten or panic the camper. Similarly, a camper with diabetes can independently monitor his or her blood sugars and administer insulin. However, staff still need to be aware of the signs of diabetic shock as well as the appropriate procedures in an emergency.

Assistance from peers or regular staff; Reduction in camper-to-staff ratio. There are many camp situations in which additional staff members or a reduction in the camper-to-staff ratio might be needed. Consultative support via phone or written materials can assist camp staff in making informed decisions about the camper-to-staff ratio. For example, a camper with a seizure disorder may be able to participate in all camp activities independently. However, based on information received from the camper's parents and physician, the staff may decide to adjust the camper-to-staff ratio during swimming to ensure the camper's safety. Such adjustments might include an extra staff person in the water positioned near the camper, an extra staff person on deck, or an extra lifeguard.

Level III: Regular Camp (abbreviated session) with Consultative Support from a Specialist

Quite common to the continuum of camp opportunities for individuals with disabilities is the availability of an abbreviated camp schedule. Abbreviated camp schedules for campers with chronic health needs (e.g., a newly acquired spinal cord injury) provide opportunities in which they can participate with their able-bodied peers. The camper, camper's family, camper's physician, specialists such as therapeutic recreators, and camp staff decide the camper's individual schedule as well as the amount of direct service needed from a specialist. Abbreviated sessions include daytime attendance and participation during an overnight camp, adjustments in duration of camp stay (e.g., three days v. seven days), partial participation in selected activities (usually determined by the camper's endurance level and medical requirements), and participation in singular special events (e.g., beginner scuba, waterskiing, or field trips). Within Level III there are three sublevels.

No special assistance. Often campers requiring an abbreviated camp schedule can independently participate in all or a variety of selected activities. A camper's physician and/or therapeutic recreation specialist can help staff plan an appropriate rotation of activities for a camper. For example, a camper with juvenile arthritis who has difficulty with endurance may be able to participate independently in selected activities, such as swimming and art, but may require intervals of rest.

Assistance from peers. In situations where abbreviated camp schedules are developed and where minimal support is needed, assistance from peers can enhance the quality of the abbreviated camp experience. After an abbreviated schedule is determined, small group and peer interactions can be adjusted to meet the camper's needs. For example, a child with Duchenne muscular dystrophy may need assistance moving from one activity area to another. A peer can assist this camper in moving between and during activities.

Assistance from extra staff. When abbreviated sessions are required due to medical or health concerns, additional staff may be required to meet a camper's needs. In most situations schedules can be juggled so that regular staff can serve all campers with disabilities who attend the camp. For example, if three campers need assistance in toileting (e.g., catheterization, colostomy care), then the camp nurse can provide this support to all three campers. On the other hand, one-on-one assistance from a camp staff person may be required for some campers to participate safely and successfully in certain camp activities such as swimming.

Level IV: Regular Camp (full or abbreviated session) with Direct Support from a Specialist

At this level, campers with disabilities participate in a full or abbreviated regular camp session with peers without disabilities, but a specialist is there to provide direct support for the camper with disabilities. This specialist can be assigned to work with all campers with disabilities or with a particular camper who needs one-on-one support. For example, a therapeutic recreation specialist might be hired to meet the needs of three campers who have disabilities: a camper with mental retardation, a camper with cerebral palsy, and a camper with muscular dystrophy. Each of these campers are somewhat independent and can function with minimal assistance from peers, staff members, and consultation from appropriate specialists. In this scenario, the specialist can be with the camper who needs the

most support at the time. During a swimming activity, the specialist can work with the camper with cerebral palsy, while the camper with mental retardation is assisted by a peer in a land sport activity such as softball, and the camper with muscular dystrophy is receiving help from regular camp staff in an arts and crafts activity. Such a model would have the specialist working with the camper that requires the most assistance relative to safety and successful participation during a particular activity. Within Level IV there are two sublevels.

No special assistance. There will be times when a camper with a disability can be included without needing direct assistance from a specialist. In such instances, the specialist observes the camper and offers suggestions based on informal observations. For example, a camper who is prone to multiple seizures that are not controlled with medication may be capable of participating in many activities independently. However, the possibility of a medical emergency necessitates that a specialist (perhaps a staff member with Emergency Medical Training) be available at all times.

Assistance from peers. There are many situations in which campers with disabilities can participate in typical camp activities when provided with assistance from a peer. As was the case above, a specialist may need to be available to provide direct physical assistance or medical care, yet allow the camper some independence and natural interaction with peers. For example, a camper with a visual impairment may be able to participate in a hike with assistance from a peer. The orientation and mobility specialist can provide direct guidance during more challenging areas of the trail while a peer can provide guidance during less challenging areas.

Level V: Reverse Mainstreaming (including campers without disabilities in special camps)

For medical, behavioral, and/or educational reasons, some campers with disabilities may benefit from a camp that has been specifically designed to meet their individual needs. Special camps may have more specially trained staff as well as a smaller camper-to-staff ratio. While such camps have traditionally served only campers with disabilities, recently there has been an effort to encourage campers without disabilities to participate. This concept, often referred to as reverse mainstreaming (Block and Krebs 1992), allows for specialized instruction and medical care for campers with disabilities while at the same time providing for interaction with campers without disabilities. For example, some camps offer sessions for children with diabetes or asthma. Activities in these camps range from traditional camp activities, such as horseback riding and archery, to therapeutic activities designed specifically for the campers with disabilities, such as sessions with nurses and medical providers who discuss aspects of disability management. Similarly, a special adventure-type camp for children with emotional disturbances might include campers without disabilities to foster healthy peer interaction and more appropriate social behavior. In addition, the camper-to-staff ratio is smaller (e.g., 3:1 camper-to-staff ratio v. 8:1 camper-to-staff ratio in a regular camp), and there is more trained support (e.g., therapeutic recreation professional, psychologist).

Camp Programs Using a Camp Inclusion Model

There are numerous day and residential camps across the United States that currently follow a camp inclusion model. Some of the more successful programs utilize many of the levels within one camp.

Regular Community Day Camps

The Cavalier Day Camp is a regular day camp sponsored by the Department of Intramurals and Recreation at the University of Virginia. The camp serves children ages six to twelve years in a variety of camp activities including swimming, arts and crafts, hiking trips, and team sports. While the camp was designed to serve children without disabilities, it accepts and provides accommodations for children with disabilities. Following Level I through Level IV of the Camp Inclusion Model, The Cavalier Day Camp provides accommodations that range from no support to direct support from a trained specialist. Within each level, accommodations include (a) no assistance for children with mild disabilities and no special needs, (b) assistance from peers for children who get confused about where to go or what to do, and (c) reduction in camper-to-staff ratio when there are safety concerns or when a camper needs more personal attention. Over the years, the Cavalier Day Camp has accepted and successfully served many children with disabilities including those with learning disabilities, mental retardation, and cerebral palsy.

Montgomery County Parks and Recreation (MCPR) in Maryland offers summer playgrounds for children of county residents. The playgrounds, housed at neighborhood elementary schools, offer a variety of traditional day camp activities with a weekly theme. Children with disabilities who are county residents are welcome at all playgrounds, and MCPR takes the necessary steps to provide appropriate accommodations. To help determine how much support an individual might need, MCPR developed a series of "Challenge Levels" with accommodations for individuals with disabilities for all their recreation programs (Wagner, Wetherald, and Wilson 1994). Similar to the Camp Inclusion Model described in this chapter, the challenge levels are divided as follows:

Challenge Level I—no accommodations required

Challenge Level II—limited accommodations required

Challenge Level III—substantial accommodations required

Challenge Level IV—separate program required

Depending on the challenge level designated for a particular individual, MCPR provides the necessary support ranging from consultative support to an "inclusion companion" (a one-on-one companion who accompanies an individual with a disability into regular programs).

Regular Residential Camps

The Easter Seal Society of New Hampshire developed a modified mainstreaming program at a traditional Boy Scout camp. The society constructed an accessible cabin at the camp for campers with disabilities. Campers live in the cabin together and are cared for by trained Easter Seal camp counselors

but are included with their peers in every other aspect of the camp program. This setting allows for individual assistance to the first-time camper or a camper who needs help with daily living skills such as bathing and toileting.

In California, the Easter Seal Society of the Monterey Bay Region operates a full inclusion program at a YMCA camp adjacent to its own specialized residential Camp Harmon. Children with disabilities who require physical care or one-to-one supervision may elect to attend a regular YMCA camp session. Prior to the session, the camper and parent visit the site to meet the director, select activities, and meet a counselor provided by the Easter Seal Society who will attend the YMCA camp with the camper. The counselors are all trained, experienced Easter Seal staff from Camp Harmon and have the role of facilitating the inclusion of the camper in the regular YMCA program.

Reverse Mainstreaming Camps

Camp Merry Heart in New Jersey, a residential camp sponsored by Easter Seals for children with disabilities, is an example of Level V of the Camp Inclusion Model: reverse mainstreaming. Campers without disabilities attend the camp as day campers and participate in program activities with residential campers who have disabilities. Activities are designed to encourage interaction, acceptance, and positive friendships between campers with and without disabilities. A variety of special activities just for day campers help fill their need for a more active schedule.

A similar model of reverse mainstreaming is achieved by Fairlee Manor Recreation and Education Center in Maryland where the local 4-H camp coexists on the Easter Seal site. Sixty 4-H campers ages ten to sixteen years enjoy all the program opportunities of the camp along with twenty-five campers with disabilities. The program is staffed by Easter Seals, with a 4-H liaison on site during the week. Monthly planning meetings are held to ensure that the philosophies of the two organizations mold to meet the needs of both groups.

A growing trend in the reverse mainstreaming model is to include both campers with and without disabilities in day and residential sports camps (e.g., wheelchair tennis or basketball camps.) One such camp, the Movement Unlimited Sports Camp located in Chico, California, utilizes elite athletes with disabilities as coaches to provide campers with disabilities the opportunity to experience sports. Additionally, children without disabilities from the local area are encouraged to attend and participate in all activities. Sporting events and competitions are designed to maximize participation and skill development for all campers. For example, wheelchair tennis competitions include a division for chair users and standing players to participate together. A key point is that no major modifications need to take place to include both groups successfully.

Summary

More and more individuals with disabilities are being successfully included in regular day and residential camp programs. Camps offering inclusive opportunities report high satisfaction from all involved including camp directors, camp staff, parents, and campers with and without disabilities. Yet, including individuals with disabilities requires more than simply closing all special camps and placing individuals with disabilities in regular camp settings. A thoughtful, planned process should be utilized

to determine how much support a camper with a disability needs to be safely, successfully, and meaningfully included in all camp activities.

The Camp Inclusion Model presented here focuses attention on the amount of support necessary to include individuals with disabilities in camp activities. Support can range from no support for campers with mild disabilities to full-time direct support from a specialist, such as a specially trained staff member, nurse, or therapeutic recreator. When making decisions regarding how much support to provide an individual camper, it is critical to include the camper, camper's family, camp staff, and a variety of specialists including medical personnel in the decision process. When done properly, including individuals with disabilities in regular camp programs can be an enjoyable experience for all involved.

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Medical Considerations

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Concern for each camper's health and well-being is always an integral part of the camp experience. The process of including people with disabilities into the camp program can consist of a variety of different types of medical care, from no assistance to total care.

The Camp Nurse

The first and foremost decision in hiring appropriate medical staff is selecting a nurse. Lishner and Bruya (1994) describe the registered nurse as the best prepared health care provider for most camps. A full-time registered nurse serves as the health care supervisor, expert in critical care and emergencies, and also as dietitian, teacher, liaison, wellness counselor, mentor, cheerleader, and camp mom. The role of camp nurse must always be taken seriously because the potential for health-related problems is always present. The camp nurse provides special care that not only addresses the physical and cognitive health of the camper, but the spiritual and emotional health as well. The camp nurse position is a twenty-four-hour-a-day job and many camps hire more than one nurse to provide quality medical care without placing a hardship on one individual. At Camp ASCCA-Easter Seals in Alabama, four nurses are hired during busy summer sessions. Camps should also have a staff physician present or on call at all times.

It is important for the camp nurse to have a broad knowledge of different types of disabilities. Common disabilities include cerebral palsy, spina bifida, hemophilia, diabetes, sickle cell anemia, mental challenges, attention deficits, autism, and seizure disorders. (See the Glossary for definitions of these and others.) Figure 3 is a quick reference to some common medications often used by campers with disabilities.

Campers with *cerebral palsy* can exhibit conditions from mild to severe disability. The camper may be ambulatory, walk with crutches or a walker, or use a wheelchair. Muscle spasms or rigidity are common. Nurses and counselors should take extra care not to forcefully move extremities while dressing or bathing a camper with cerebral palsy.

Campers with *spina bifida* may also be ambulatory or use a wheelchair. For those campers

Figure 3. Quick Reference to Common Medications

Antianxiety agents *(Xanax, Buspar, Librium, Valium, Ativan)* are used to treat tension, agitation, and irritability. They may cause drowsiness. Hazardous activities that require alertness and good psychomotor coordination should be avoided.

Anticonvulsants *(Dilantin, Phenobarbitol, Depakene, Neurontin, Felbatol/Felbamate, Zarontin, Mysoline, Tegretol, and Klonopin)* are often used to control seizure disorders. Drowsiness may occur while taking these medications.

Antidepressants *(Elavil, Prozac, Imipramine, Paxil, Zoloft, Tofranil, Wellbutin)* are used to elevate mood and alleviate depression. Staff should watch for dry mouth, blurred vision or eye pain, constipation, urinary retention, and sedation. Antidepressants may cause photosensitivity. Protective sunscreens, clothing, and sunglasses are recommended.

Antidiabetics *(Insulin, Glucotrol, Glyburide/Diabeta, Tolinase, Micronase)*. Insulin is essential for proper metabolism of glucose. Oral agents are used for diabetics not dependent on insulin.

Antipsychotics *(Haldol, Thorazine, Mellaril, Moban, Navane, Prolixin)* are tranquilizers used for the long-term treatment of psychosis. They should be used with SPF 15 sunscreen as they may cause sun sensitivity.

Antispasmotics *(Urispas, Ditropan/Oxybutynin)* are used to relax smooth muscles of the urinary tract. Ditropan suppresses diaphoresis. Caution should be used in hot weather since these campers will not sweat.

Cerebral stimulants *(Ritalin, Dexedrine, Cylert)* are used to control hyperactivity in children and should be administered at least six hours before bedtime to prevent insomnia. Loss of appetite is often reported with sleep disturbances.

who cannot use their legs, muscles often become weak and atrophied and limbs may be fragile and easily broken. Staff should take special care in handling these campers. Some campers may have a shunt, a surgically placed device in the skull that drains excess fluid from the brain. Staff should be aware that severe headaches or projectile vomiting could indicate an infection or malfunction of the shunt. Campers with spina bifida may need to take breaks, three to five times per day, for catheterization. The catheterization may be performed by the camper or the nurse.

Campers with *hemophilia* have a tendency to bleed, both internally and externally. Staff should consult with the camp nurse when these campers show signs of swelling or bruising. Bleeding can occur as a result of an accident or spontaneously. When a camp session includes a camper with hemophilia, it is imperative that Factor VIII, or the appropriate type of blood product, be available at camp and on daily out-of-camp activities in case immediate infusion is needed.

Diabetes is controlled through oral medication or daily insulin injections. Campers should have their blood sugars checked regularly throughout the day. Staff should become familiar with the

signs of hypoglycemia (insulin shock) and hyperglycemia (diabetic coma). They should watch for signs of shaking, sweating, nausea, headache, blurred vision, or drowsiness. A delicate combination of insulin, diet, and exercise can facilitate inclusion into most regular camp activities. The camp nurse should coordinate with the camp dietitian to plan nutritional meals that ensure a safe camp experience. Campers with diabetes should wear an identification necklace or bracelet.

Campers with *sickle cell anemia* generally can be included in regular camp activities with little or no modifications. These campers might need extra rest periods and additional fluids. A sickle cell crisis can occur spontaneously without known cause or following over exposure to cold weather, dehydration, or infection. Prompt treatment is required using intravenous fluids and pain management techniques in a local emergency room. Campers with sickle cell anemia should be well hydrated, especially on hot days, and should be protected from exposure to the weather.

Individuals with mental challenges, usually *mental retardation*, are more like other campers than they are different. *Down Syndrome* campers can be very loving and spirited. Staff should enhance the camper's feelings of self-worth with positive reinforcement and should encourage and reward good behavior. Instructions should be presented slowly and clearly, one step at a time. In large groups, staff should be aware that some campers may wander away from the group. Sugars and colas should be limited if there is a history of hyperactivity.

Campers with *seizure disorders*, also known as *epilepsy,* always have the potential for a convulsion and should sleep on the bottom bunk. Seizures can be precipitated by heat, stress, dehydration, poor diet, or lack of sleep. Staff should be trained during orientation on the appropriate steps to take in the event of a seizure. Figure 4 presents general guidelines to follow for seizure disorders. Staff members should immediately report any seizure activities to the camp nurse, who in turn should report the seizure activity verbally and in writing to the parent or physician as requested. A sample of the Camp ASCCA-Easter Seals Seizure Report Form is shown in Figure 5. Campers with a history of seizures should wear helmets as appropriate.

Information Gathering

The camper application is a logical place to request information that relates to the care of the camper while at camp. Some examples of questions that might be asked on the camper application include:

- What is the camper's physical, mental, and functional age?
- Does the camper have difficulty functioning? In what way(s)?
- Does the camper need assistance with feeding? How much assistance?

  Does the camper need a feeding tube?

  Does the camper have difficulty chewing or swallowing?
- Does the camper need assistance with dressing? How much assistance?
- Does the camper need assistance with bathing or toileting? How much assistance?

  Does the camper have any special toileting needs or aids (e.g., catheterization)?

Figure 4. General Guidelines for Seizure Disorders

- Remain calm. Campers respond to the emotional reactions of staff members. Note the time the seizure begins.
- Clear the area so the camper is not injured by hard or sharp objects. Roll the camper onto one side.
- Do not force anything into the camper's mouth or between the camper's teeth.
- Do not restrain the camper. Seizures cannot be stopped once they have begun. Oxygen should not be administered unless indicated by a physician's instructions.
- Cradle the camper's head in your hands to prevent violent banging against the floor. If saliva accumulates, turn the camper's head to the side so it can drain out.
- Call a doctor if the seizure lasts for more than five minutes or is followed immediately by another seizure without the camper regaining consciousness.
- Never leave the camper unattended. Stay with the camper until movement has ceased, consciousness has been regained, and confusion has subsided. Allow the camper to lie still until able to talk. If tired, the camper should be permitted to rest until normal activities can be resumed.
- Observe carefully the details of the seizure and report them to the camp nurse.
- Turn the incident into a learning experience for the other campers in the group. Explain what the seizure is, that it is not contagious, and that there's no reason to be afraid.
- Report the seizure activity verbally and in writing to the parent or physician as requested.

- Does the camper need assistance with mobility or transfers?
- Does the camper need special equipment?
- Does the camper use special adaptive devices (e.g., braces, hearing aids, prostheses, helmets)?
- Does the camper need special breathing equipment (e.g., special devices for individuals with asthma)?
- Does the camper have any special food or drug allergies?
- Has the camper recently been hospitalized for any reason?

The camper application should also request information on whether the camper will be taking any medications while at camp. All current medications must be listed on the camper application, along with the correct dosages and the time schedules for administration. Communication between the camp nurse and the camper's parents (or guardians) helps to ensure that the special needs of the camper are met.

Figure 5. Camp ASCCA-Easter Seals — Seizure Report Form

Camp ASCCA-Easter Seals — Seizure Report Form

Name of Camper _____ Date _____ Time _____

Were there any warning signs or indications that the seizure was about to occur?

If yes, describe: _____

_____

How long did the seizure last? _____ minutes _____seconds

Which body parts were involved? _____ arms _____ legs
_____ hands _____ head

Did you observe any of the following:

_____ Body Stiffness
_____ Jerking Movement
_____ Arms and Legs Extended
_____ Head Extended
_____ Staring
_____ Eye Movement
_____ Lip Movement
_____ Teeth Clenched

If yes, describe: _____

Did the camper turn pale? Yes _____ No _____
Did the camper turn blue? Yes _____ No _____
Did the camper lose consciousness? Yes _____ No _____
Did the camper cry out? Yes _____ No _____
Did the camper bite his or her tongue? Yes _____ No _____
Was the camper incontinent of bladder? Yes _____ No _____
Was the camper incontinent of bowel? Yes _____ No _____

Briefly describe the camper's behavior after the seizure: _____

_____

Additional comments: _____

_____

_____

_____

Person completing this form: _____

Name of nurse notified: _____ Time notified: _____

Campers with disabilities should also have a medical referral submitted as part of the camper application. The medical referral is a statement from the physician verifying that the camper has had a physical examination, is physically able to attend camp, and is free of communicable disease. Any special considerations and activity limitations should be identified on the referral.

Meeting the unique needs of each camper can be challenging. As the first day of camp approaches, staff members and parents may become equally anxious about the activities that will occur at camp. To best facilitate both parent and staff confidence that the camp will be able to serve the camper's needs, Figure 6 identifies some possible questions for staff to ask parents, depending on the abilities of the camper. This helps to inform the staff, while reassuring the parents that the camp is striving to include the camper in the best possible ways.

Figure 6. Questions for Staff to Ask Parents

- How does the electric or manual wheelchair work? Can the camper self-propel the wheelchair? How is the battery charged?
- How do the braces fit on the camper?
- What is the most comfortable position for the camper?
- What is the best way to feed the camper? Is there a special diet (normal/blended food, low calorie, low fat, low cholesterol)? Does the camper have a favorite or least favorite food?
- What is the best way for the camper to get dressed? How much can the camper do without assistance?
- Are there any special areas prone to sores?
- Are there any activity limitations or restrictions?
- Have there been any special behavior problems?
- Does the camper have any allergies to food, drugs, or animal/insect bites?
- Does the camper sleep on the stomach, back, or side?
- Is the camper afraid of the dark? of loud noises?
- Does the camper wake up for the bathroom? Is he or she able to go alone?
- Can the camper sleep on the top bunk?
- Is there anything special that staff members should know to make the camper's stay at camp better?

Ensuring the safety of all campers is always a prime concern in the camp program. Figure 7 presents a safety checklist for staff members to use when designing safe program activities that include campers with disabilities.

Figure 7. A Safety Checklist For Program Staff

Have you taken the time to familiarize yourself with the camper and his or her abilities?

- ❑ Have you identified specific health/medical problems (e.g., allergies, skin conditions, respiratory problems, heat regulation problems, etc.)?
- ❑ Have you learned about each camper's specific disability and learning characteristics (e.g., can the camper follow verbal directions, are modifications needed to participate, does the camper need extra supervision)?
- ❑ Have you talked with each camper's parents/guardians about special considerations (e.g., previous camp experiences, medications, etc.)?

Have you determined each camper's abilities to participate in program activities?

- ❑ Have you observed the camper performing the activity skills?
- ❑ Have you noted the camper's behavior regarding safety concerns?
- ❑ Have you determined the camper's fitness regarding safety concerns?

Have you examined the environment for safety?

- ❑ Have you examined the environment for adequate movement space?
- ❑ Have you established clear boundaries that all campers can recognize?
- ❑ Have you set up equipment in a safe manner for all campers?
- ❑ Have you examined the accessibility of your environment?

Have you examined all equipment for safety?

- ❑ Have you recently checked equipment for adequate repair?
- ❑ Do you have adapted equipment for campers with disabilities?
- ❑ Do all campers know the proper use of equipment?

Have you utilized safe teaching techniques?

- ❑ Have you established safety rules, and have you made sure all campers understand these rules?
- ❑ Can you adequately supervise all areas?
- ❑ Have you modified instruction so that all campers understand directions?
- ❑ Have you planned activities that are progressive so that campers are not participating in activities beyond their abilities?

Including campers with disabilities into the camp program places unique demands on the camp staff, whether it be pushing wheelchairs around the camp grounds or transferring campers on and off horses. Directors should recruit staff members who are committed to the job of promoting positive experiences for all campers, including campers with disabilities. Figure 8 gives staff everyday etiquette to consider when working with campers with disabilities.

Figure 8. Everyday Etiquette for Staff Working with Campers with Disabilities

- Treat a camper with a disability like you would any other person. Treat adults as adults.
- Relax and do not rush conversation. Allow the camper to initiate the conversation. Talk about the disability if the camper is willing.
- Be considerate. It is appropriate to push a wheelchair only after you have asked the occupant if you may do so.
- Wheelchairs, crutches, walkers, and canes are an extension of the camper. It is the camper's mode of transportation. Refrain from sitting in wheelchairs or using such equipment without first asking permission from the owner.
- Be kind. Do not belittle or talk down to a camper. Sit at the same eye level as the camper while engaged in conversation. Never pat a camper on the head.
- Be patient. Campers with disabilities often take more time to express themselves. Patience is a virtue needed in respecting all individuals.
- Be appreciative and attentive to what a camper is able to do for himself or herself. Encourage campers to accomplish as much as possible. Let a camper indicate the kind and amount of assistance needed, if any.
- Greet a camper with visual impairments by identifying yourself. Do not lead this camper; allow the camper to hold onto your arm instead.
- When talking to a person who has a hearing impairment, face the light and speak calmly and slowly. Use gestures and write notes as appropriate.
- Remember, society's barriers and attitudes may make persons with disabilities seem more disabled than they really are.

Staff Training

Formally train all camp staff in medical care procedures and in handling emergencies. The primary focus of this staff training is camper safety and the prevention of illness and injury. Include in staff orientation information on camper personal care, medical safety in the camp environment, dressing and feeding techniques, lifting and transfer procedures, infection control and Occupational Safety and

Health Administration (OSHA) guidelines, and staff health maintenance. Help staff become familiar with the camp health center. Instruct staff how to access emergency backboards, oxygen, and suction equipment.

At Camp ASCCA-Easter Seals in Alabama, staff training includes viewing two videotapes: *Seizure First Aid* (available from the Epilepsy Foundation of America) and *Bloodborne Pathogens* (available from OSHA). *Seizure First Aid* introduces staff to the appropriate procedures to follow when a camper has a seizure. *Bloodborne Pathogens* explains OSHA requirements and proper precautions for the prevention of the spread of infectious diseases. Ensure that staff understand how and when to use medical gloves to protect themselves from disease. Make medical gloves available at all program areas where there is a possibility of accidental bleeding.

Emphasize staff teamwork to develop a collaborative effort in even the most challenging situations. Staff at Camp ASCCA-Easter Seals pay the utmost attention to the smallest details to ensure the camper the opportunity to participate in program and social activities at camp. For example, a camper with spina bifida can be accommodated on an all night campout by conducting catheterizations in a tent. It is not uncommon for the camp nurse to accompany a camper with hemophilia on early morning bass fishing tournaments. Campers attending Camp ASCCA-Easter Seals are treated as any other child or adult would be treated. They participate in a prom during teen week, complete with formal dresses and tuxedos. They go on whitewater canoe trips, ride dune buggies, and experience all-terrain vehicles. They participate in a variety of sports and recreation activities. The hills of ASCCA are alive with the sights and sounds of laughter as children and adults of all ages participate in activities with their friends and peers. With appropriate information, training, and teamwork, camp staff can provide a similar opportunity at other camps.

References

American Camping Association. 1993. *Standards for day and resident camps*. Martinsville, Ind.: American Camping Association.

Lishner, K.M. and M.A. Bruya. 1994. *Creating a healthy camp community: A nurse's role*. Martinsville, Ind.: American Camping Association.

Epilepsy Foundation of America. 1992. *Seizure first aid*. Landover, Md.: Epilepsy Foundation of America.

Summit Training Source. 1992. *Bloodborne pathogens*. Grand Rapids, Mich.: DuPont-Merck.

Resources

Epilepsy Foundation of America
Seizure First Aid video
4351 Garden City Drive
Landover, MD 20785-2267

Occupational Safety and Health Administration
Bloodborne Pathogens video
U.S. Department of Labor-OSHA
1375 Peachtree Street NE, Room 587
Atlanta, GA 30367

Model Activity Programs

Adventure Programs

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Easter Seal Society of Virginia

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In recent years there has been an exciting trend toward introducing adventure programs in camps. Adventure programming can be vast and multifaceted and can be developed and customized to the resources available at each facility. Introducing adventure program activities can add depth to existing camp programs and give structured direction to new camp programs. Learning to deal with challenges is often a desired outcome for most camp programs; adventure programming focuses on developing individual and group strengths to overcome obstacles and fears. Campers are often able to transfer the problem-solving successes of adventure activities to real life situations.

Using adventure programming in an inclusive camp program can be extremely beneficial. Too often people with disabilities are perceived, by themselves as well as by others, as being one dimensional—with their disability as their defining feature. Adventure activities offer a common ground for campers with and without disabilities to share their fears, hopes, and successes. Each member of the group is important to the success of the group and can offer inspiration and support for other members of the group. Hidden talents and strengths are often highlighted in the controlled "high stress" adventure environment. Campers often find a sense of pride, self-awareness, and self-identity when completing the adventure program. Participants, with guidance from trained staff, set their own goals and define their own success. Thus, when success is perceived as effort instead of results, the activity becomes extremely positive and affirms the emotional and social growth of the camper.

Adventure programs are often structured as a series of progressively more difficult adventure activities. The program described here consists of an entry level tree climb, a more advanced high ropes program, and a climbing and rappelling program. The following climbing terms are commonly used in adventure programs.

A.C.C.T.	Association for Challenge Course Technology. P.O. Box 970, Purcellville, VA 22132. 703-668-6624.
Anchor	Part of the *belay system*. Can be a person or an inanimate object, such as a tree or rock, to which the safety ropes are attached.
Assistive climber	Provides assistance with balance, foot placement, or instructions.
Belay	See *belay system*.

Belayer	The safety person involved in the *belay system* who prevents the climber from injury in a fall.
Belay signals	A series of commands between the climber and the *belayer* to assure the *belay system* is ready. These signals continue throughout the climb with the climber communicating his or her needs to the belayer. The signals include: ON BELAY (meaning the belayer is ready), BELAY ON (meaning the belayer is ready to catch the climber in a fall), CLIMBING (meaning the climber is ready to climb), and CLIMB ON (meaning the belayer will provide slack or tension in the rope as needed).
Belay system	Technical term for the safety system used on ropes courses and in climbing and *rappelling* that protects the participant from falling to the ground. The system utilizes *climbing ropes*, *carabiners*, *webbing*, *brakes*, and *harnesses*.
Dynamic belay	A type of belay involving a person as the belayer (used in rock climbing).
Static belay	A type of belay not involving a person as belayer, most often found in *high ropes courses*, where the participant is attached directly to an overhead cable.
Brake	A device that allows the participant or belayer to slow or stop a fall or descent. Usually made of aluminum, there are a wide variety of brakes, including A.T.C. (Air Traffic Controller), Steich Plates, and Figure Eights.
Brake hand	The hand the *belayer* uses on the safety rope in a *belay system*. The brake hand never lets go or loses contact with the safety rope.
Carabiner	A device used to connect ropes to their points of protection. Generally made of steel or aluminum, oval in shape, and have a locking or non-locking spring gate.
Catwalk	A high, narrow walkway; one of the many types of elements on a *ropes course*.
Climbing contract	A verbal agreement between the climber and the belayer assuring the safety of the climber.
Climbing rope	A wide variety of climbing ropes are available, most commonly in sizes from 9mm to 11mm and lengths of 155 feet to 200 feet. Types of rope vary by breaking strength and shock absorbency, depending on the type of climbing to be done. A kernmantel rope is a typical climbing rope with a nylon core and a protective sheath.
Climbing wall	An artificial climbing surface, usually indoors, with holds simulating rock ledges.
Chest harness	A harness that fits around the climber's arms, providing support for the upper body. Many seat harness manufacturers suggest that participants wear a chest harness in conjunction with their *seat harness*.
Full body harness	A one-piece harness consisting of a combination *seat* and *chest harness*.
Seat harness	A harness that fits around a climber's waist and legs providing support in case

of a fall while climbing. Seat harnesses are widely available in a variety of sizes, types, and colors through a variety of manufacturers.

High ropes course A series of elements usually built of rope and cable suspended from trees or power poles.

Pamper pole An element of a high ropes course consisting of a pole up which the participant climbs to the top.

Pulley An aluminum or steel wheel with a grooved rim that carries a rope. It turns in a frame and serves to change direction or transmit force, as when climbers pull on one end of a rope to lift their own weight at the other end.

Rappel The act of descending from a high elevation to a lower elevation, as in rappelling from the top to the bottom of a rock face. A rappel utilizes *climbing ropes* and a *belay system*, with participants using their feet to push off the rock as they descend.

Free rappel Due to the nature of the rock face, climbers are unable to maintain contact between the rock and their feet at all times during the descent, causing them to hang in a vertical line while lowering themselves.

Rappelling tower An artificial tower, usually outdoors, made to simulate rappelling down the side of a mountain or cliff.

Webbing Used to connect *carabiners* to an *anchor* and to make *seat* and *chest harnesses*. Webbing is usually a one- or two-inch wide piece of nylon, available in many different colors and lengths.

Zip line An element of a *high ropes course*, often the exit element. The zip line generally consists of a cable running from a tree platform to a distant tree using a *static belay*; the participant slides down the cable on a *pulley*. The length of the zip line may vary according to the site, platform height, and desired length of the slide.

Tree Climb

The purpose of the tree climb program is to enable individuals with physical disabilities to participate in high adventure activities such as high ropes courses and climbing and rappelling programs. Utilizing climbing ropes and equipment, participants pull themselves out of wheelchairs up to a platform built at any height in a tree. This activity can be one element in a high ropes course.

Each participant, wearing a seat harness, chest harness, and helmet, is hooked one at a time to a climbing rope that runs through a series of pulleys to a belayer. By pulling on the rope, campers pull themselves up into a tree where a staff member helps them onto a platform. Campers can be lowered down by the belayer, can rappel down, or if additional elements have been added, can proceed along the course. At Camp ASCCA-Easter Seals in Alabama, the tree climb is an activity by itself. At the

Virginia Camp Easter Seal-East, campers use the tree climb to ascend to a platform, then use a zip line to descend.

The most positive aspect of the tree climb is that almost any individual, with almost any type of disability or level of severity, can participate. In eight years of direct experience offering this activity for children and adults with disabilities, we have found perhaps one out of two hundred individuals that we felt could not safely participate. The tree climb can accommodate a wide range of disabilities, including individuals with physical disabilities (paraplegics and quadriplegics), mental retardation, hearing impairments, visual impairments, seizure disorders, learning difficulties, and autism.

The overriding philosophy should always be the physical safety of the participant. This sometimes results in the decision to not allow an individual to participate. Although a seat harness can be tied using webbing, concern may exist for the pressure on legs, groin, and waist from sitting in the seat harness. On occasion, the disability may have so deformed the body that the individual cannot be safely hooked into the seat and chest harness.

Staff

A minimum of four staff members are needed to effectively run the tree climb program.

- The **program leader** generally functions as the belayer. This person is in charge and is responsible for proper setup, equipment, and overall program safety.
- A **staff person** is positioned **on the tree platform** to assist participants onto the platform and then ease them off the platform for their return to the ground. This person must always be on a belay. Generally this is a static belay once he or she is in position on the platform.
- A **ground assistant** assists campers in pulling themselves up to the platform.
- An **additional ground assistant** helps campers put on seat and chest harnesses and supervises waiting participants.

Accessible Facilities and Equipment

The minimum equipment required is:

- three pulleys
- five locking carabiners
- one climbing rope (length dependent upon the height to the tree platform)
- at least sixty feet of webbing
- one brake
- three seat harnesses
- three chest harnesses
- two helmets, if adjustable; more if not adjustable

Figure 9 shows the tree climb setup. There are several items to note.

- When the participant has pulled or been pulled as high as he or she can go, the seat should be above the height of the platform. This positioning enables the staff person to swing the participant safely onto the platform.
- The goal of the program is to allow campers to do as much pulling as they can. Staff assisting campers in pulling should match their pulls to those of the camper. Out pulling the camper can result in camper rope burns. Heavy campers who need total assistance may require two staff members to pull them up.
- Participants can be lowered down by the belayer or they can lower themselves, similar to a free rappel.
- Use regular climbing signals (on belay, belay on, climbing, climb on).
- All elements of the adventure course should be planned, constructed, and annually evaluated and tested by a professional knowledgeable in adventure course elements.

Note: This information is intended to provide a general idea of what is needed to add a ropes course adapted for use by people with disabilities. Prior to building such a course, consult experts in course construction, safety systems, and instruction to meet Association for Challenge Course Technology Standards.

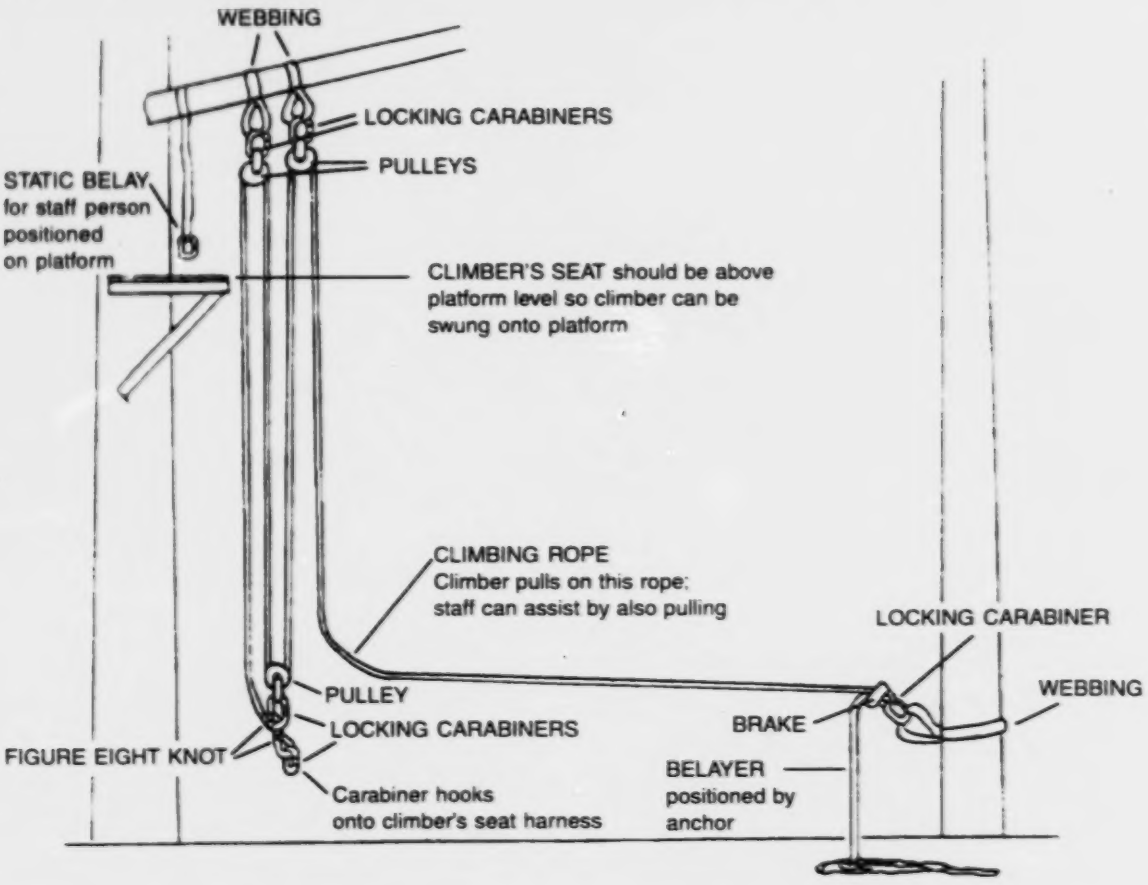
High Ropes

In 1994 Fairlee Manor Recreation and Education Center and Cradlerock Outdoor Network began construction of a high ropes course and climbing tower designed to challenge, teach, and support individuals with and without disabilities. This project was the result of many discussions between a variety of people knowledgeable in construction, programming, and disabilities. The clearest realization from these discussions was that there existed no recipe book from which to design a ropes course that was universally accessible and challenging to all individuals. Borrowing from generally accepted standards for ropes course development, Fairlee Manor Recreation and Education Center tested a range of creative ideas. At first, many of the ideas were awkward and unimpressive. However, by trial, error, and modification, some of those ideas have become highlights of the program.

Fairlee Manor Recreation and Education Center has facilitated groups of all abilities on its high ropes course and climbing tower. Participants have experienced a variety of exciting experiences, leading to increased self-esteem, confidence, and interaction with their peers. However, the greatest benefit appears to be to integrated groups that include participants with and without disabilities. For those groups, the Fairlee Manor staff has been successful in providing activities that are physically challenging, emotionally safe, and meaningful for all participants.

Facilitators are trained to inform each group that if each person participates at one hundred percent of his or her ability, the group will be successful on the ropes course. Facilitators also inform group members that they can participate at whatever level they choose (challenge by choice). However, the facilitators also recommend that each group member make a commitment to put on a harness

Figure 9. Tree Climb Setup



and helmet, be clipped into the safety system, and go through a climbing contract, regardless of whether or not that participant will choose to leave the ground. The climbing contract is an important part of the experience and should not be omitted. However, accommodations may be necessary in expressing terms to some campers and in understanding their responses.

Staff

In general, staffing requirements are similar to those identified for the tree climb. However, additional staff should be added if campers with low skills participate in the program. In general, the lower the functional ability of the campers, the greater the need for additional staff, both on the ground and within the elements of the ropes course. The additional staff help campers to complete the climbing contract. The program leader may also consider using assistive climbers to help a camper negotiate the elements of the course. Assistive climbers should always be on static or dynamic delay.

Accessible Facilities and Equipment

Paths leading to the ropes course and the ground surrounding the ropes course should be accessible to wheelchairs and those with mobility and sensory impairments. If ladders are used to access elements in trees, consider specially made wide ladders to allow persons with mobility impairments greater opportunities for success. Always place ladders firmly on the ground and secure to trees.

Safety considerations increase with use of a zip line. Fairlee Manor Recreation and Education Center uses a belay system. Camp ASCCA-Easter Seals designed an innovative moving platform to safely lower campers down from the zip line.

The Fairlee Manor high ropes course includes a thirty-five-foot climbing wall, rappelling tower, a zip line, two ramped climbing walls (set at thirty-six degrees and sixty degrees slope), a catwalk, and a pamper pole. Although the course is generally accessible to campers with disabilities, not every element of the high ropes course is currently accessible to every participant.

Equipment consists of standard ropes course equipment. Typically, a standard safety harness is used for most participants. However, on some elements, such as the tower climb, a full body harness may be used. The full body harness provides greater support and distributes weight evenly. Helmets are carefully fitted for each participant. Program leaders should be aware that a person with facial deformities may require a larger helmet that is padded in a special way to ensure a safe fit. Knee pads are also recommended for participants who drag their legs up a ramp or wall.

Climbing and Rappelling

The following information on offering rock climbing and rappelling programs to individuals with disabilities is based on the programs located at the Easter Seal Center for Camping and Recreation in Wisconsin and Camp ASCCA-Easter Seals in Alabama. These guidelines establish the general working parameters of the programs, which were established in the late 1970s and early 1980s (respectively). They are not the end to all means, but rather a beginning to help ensure a safe and effective program.

The Easter Seal programs in Wisconsin and Alabama utilize on-site training and off-site climbing locations within one to two hours of the camp facilities. Camp ASCCA-Easter Seals has an on-site climbing/rappelling tower with two levels (fifteen feet and thirty feet above the ground). The Wisconsin Easter Seal Center for Camping and Recreation has several practice climbing areas on site. Both facilities also have well-established ropes course programs.

Both of these facilities offer programs for people with a variety of disabilities including cerebral palsy, spina bifida, amputation, seizure disorders, hearing impairment, hemophilia, asthma, cystic fibrosis, and mental retardation. In addition, an adapted climbing program (tree climb) is utilized at both facilities and usable by individuals using wheelchairs (including individuals with severe physical disabilities). The wide range of disabilities and ability levels makes it imperative that program leaders consider the individual climber in planning and modifying climbing and rappelling trips. Physical abilities to consider when designing programs include:

- Ability to stand without crutches or physical assistance
- Ability to maintain an upright stance for eight to ten minutes without assistance
- Ability to walk backwards with feet spread at shoulder width
- Ability to maintain balance and relationship to the rock face
- Ability to extend one arm to the brake hand position and then maintain that position
- Ability to bend at the waist to maintain the stance against the cliff face
- Ability to firmly grasp and maintain a grasp of the rope with the brake hand

In any adventure activity involving risk, program leaders should consider possible limiting factors related to certain disabilities. For example:

Asthma respiratory concerns

Cerebral palsy balance and stress on extremities may restrict movement

Cystic fibrosis the harness may cause chest restriction and respiratory concerns

Down Syndrome atlantoaxial instability may restrict some individuals from participating

Hearing impairment an interpreter should be present

Hemophilia blood clotting and internal bleeding are concerns

Mental retardation ability to comprehend instructions and commands may be impaired

Seizure disorders (epilepsy) seizures may occur

Sickle cell level of physical stress and dehydration are factors

Programs should be based on the simple philosophy of having fun and personal growth. In the overall philosophical sense, the programs are based on participants developing a heightened sense of positive self-worth. Programs should start with introductory lessons and participants meeting and achieving small challenges, then move on to larger challenges. Achieving small successes is much more beneficial than achieving no success. The following is an example of a progressive program.

Level 1 On site
Goal: Knowledge and use of equipment
Evaluation: Participant demonstrates verbal and practical skills

Level 2 On site
Goal: Skills and techniques of climbing/rappelling on ground level
Evaluation: Participant demonstrates skills

Level 3 On site
Goal: Climb/rappel on low level of climbing tower or site
Evaluation: Discussion between camper and instructor on climb

Level 4 On site
Goal: High side of climbing tower or site
Evaluation: Discussion between camper and instructor on climb

Level 5 Off-site climbing trip

Goal: Attempt minimum one climb and one rappel
Evaluation: Discussion between camper and instructor on climb
Group discussion

Staff

The combination of knowledge and practical experience in climbing, teaching, and working with individuals is essential in conducting a safe program. The following staff position descriptions provide basic guidelines to establish the staffing needs for the climbing/rappelling program.

- The **program leader** has the overall responsibility of supervising and coordinating all aspects of the program. This person can demonstrate documented (a) climbing and rappelling technical skills, including equipment knowledge and care, climbing skills, and rescues, (b) experience teaching climbing and rappelling, (c) experience working with people with disabilities, and (d) current CPR and First Aid certification.
- The **assistant program leader** possesses similar qualifications to the trip leader; perhaps lacking strength in one or several areas that would necessitate being in the assistant role.
- **Program assistants** possess basic training in equipment use and belay techniques and have basic climbing experience.

Accessible Facilities and Equipment

Basic equipment for any climb should include seat harnesses, chest harnesses, helmets, ropes, and hardware. There are dozens of styles of seat harnesses available. Harnesses differ in the width of the webbing, padding, how they tie into the rope, and sizes ranging from one-size-fits-all to specific sizes. The weight of the participant and the stress of the harness on the climber's limbs should be carefully considered. Although it is generally suggested to use the one-size-fits-all harness, consideration should be given when using chest harnesses for climbers where the chest harness may restrict respiration. All climbers should wear Union of International Associations of Alpinism (UIAA)-certified helmets that fit securely. Look for the UIAA tag or stamped impression.

All climbing/rappelling sites should be pre-scouted and pre-climbed by the staff. The degree of accessibility needed by the participants should be carefully planned. Considerations include wheelchair access to parking lots, trails to climb sites, terrain to and around the climb site, and possible weather conditions encountered at the climb site. Program leaders should also match climb sites to participant ability. A pre-planned emergency procedure should be in place for any camp adventure activity.

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Resources

Association for Challenge Course Technology
P.O. Box 970
Purcellville, VA 22132
703-668-6624

Camp ASCCA-Easter Seals
P.O. Box 21
Jackson Gap, AL 36861

Cradlerock Outdoor Network
P.O. Box 730
Lake Harmony, PA 18624

Easter Seal Center for Camping and Recreation
Easter Seal Society of Wisconsin
101 Nob Hill Road
Madison, WI 53714

Publications and Catalogs

The American Alpine Club
113 East 90th Street
New York, NY 10128

Blue Water Climbing Company Catalog
209 Lovorn Road
Carrollton, GA 30117

Campmor Catalog
P.O. Box 999-CC
Paramus, NJ 07652

Climbing Magazine
P.O. Box 339
Carbondale, CO 81623

Indiana Camp Supply Catalog
P.O. 2166
Loveland, CO 80539

Metolius Catalog
63189 Nels Anderson Road
Bend, OR 97701

Michael Chessler Books
P.O. Box 2436
Evergreen, CO 80439

The Mountaineers Books
306 Second Avenue West
Seattle, WA 98119

R.E.I. Catalog
1700 45th Street East
Sumner, WA 98390

Rock and Ice Magazine
P.O. Box 3595
Boulder, CO 80303

Archery

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Archery is a popular recreational activity that is part of many camp programs. For individuals with disabilities, archery can be a lifetime leisure activity or a competitive sports opportunity. The National Wheelchair Athletic Association and the United States Cerebral Palsy Athletic Association offer competitive opportunities for athletes with disabilities, and the United States Association for Blind Athletes has introduced archery as a developmental sport (Paciorek and Jones 1994). Since more children with disabilities are attending regular camps, it is important for camp directors and activity instructors to understand how to include campers with disabilities in archery activities.

Safety

There are many things to consider when modifying archery activities to include individuals with disabilities; the first and foremost is safety. To ensure a safe program, camp archery staff members should:

- Familiarize themselves with each camper and his or her ability level. Talk with each camper, his or her parents, and former camp instructors. Be particularly aware of physical disabilities and health problems such as allergies, reactions to heat, or side effects to medications.
- Determine each camper's archery abilities. Observe campers at the archery range to determine the present level of performance in various skills such as nocking, stance, drawing, and release.
- Note how well each camper responds to verbal directions and demonstrations.
- Check the environment for safety hazards. Pay particular attention to the terrain leading to the range and on the range to accommodate campers with ambulatory considerations (e.g., campers who use wheelchairs or walkers, or campers who are blind).
- Examine equipment to ascertain it complies with industry standards and is in good repair.
- Review teaching techniques to ensure that safety rules have been established, adequate supervision is provided, and individualized and progressive activities are planned.

Instruction

Campers with disabilities, particularly those with learning difficulties or mental retardation, may need modifications in how information is presented. Many of these modifications are relatively simple and should not affect the way information is presented to the other campers.

One of the easiest instructional modifications is to provide extra demonstrations. For example, when demonstrating how to nock the arrow, the instructor might let the majority of the campers practice on their own while providing extra demonstrations to a camper with a hearing impairment, a camper with mental retardation, or a camper having difficulty with certain components of the skill. It helps to provide these demonstrations at a slower speed while emphasizing key points of the skill. Physical assistance may be necessary for campers with visual impairments or when campers have difficulty understanding verbal cues and demonstrations. One particularly effective technique is to allow the camper to "feel" the instructor actually performing the skill. In this way, the camper becomes better acquainted with the proper form of the skill.

In some cases, the amount of information being presented is too much for a particular camper. For example, campers might be expected to understand how to stand correctly and hold the bow in a ready position after one verbal command, yet a camper with a learning disability might not be able to conceptualize all the steps that lead up to this ready position. In such cases, the skill can be task analyzed, which involves breaking down the skill into smaller, teachable parts. Figure 10 provides an example of a task analysis for drawing.

Figure 10. Task Analysis for Drawing

- ❑ Bow arm elbow is correct height and rotated
- ❑ Back muscles used by squeezing shoulder blades together
- ❑ Left shoulder back and down, not hunched
- ❑ Bow hand relaxed, not tightly gripping the bow
- ❑ String drawn to head

Another potential instructional problem is the attention span of some campers. While typical campers might be able to handle lengthy, complex instructions, some campers with attention deficit disorders, emotional disturbances, or mental retardation, may become distracted. An alternative method to lengthy instructions is to spread the instructions across the lesson. For example, shorten instructions to highlight body positioning, then have the campers practice this component. After a few minutes of practice, bring the group back together to highlight nocking or drawing. While this may seem tedious, it keeps the campers more focused and prevents potential behavior problems. It may also help to divide the group into smaller groups. Campers with mental retardation or other learning problems often benefit from one-on-one instruction or instruction in small groups. Place campers with limited attention spans or potential behavior problems closer to the instructor to monitor behavior.

Another instructional consideration is start and stop signals. In archery, it is imperative that all campers start and stop shooting on the instructor's command. Some campers, for example those with hearing impairments, might not be able to follow verbal start/stop signals. In such cases, simply combine verbal signals with visual signals, such as raising a hand or waving a flag.

Regardless of the type of instructional modification considered, peers without disabilities can be an extremely valuable resource. Peers can repeat instructions, provide extra demonstrations, offer assistance, or simply provide extra encouragement to campers with disabilities. In fact, campers with disabilities will probably respond better to instruction, assistance, and feedback given by a peer rather than an adult instructor.

Accessible, Safe Environment

There are many factors to consider in making archery lessons safe and more conducive to learning for all campers. The first and most basic consideration is accessibility to the archery range. The range should be readily accessible to campers who use wheelchairs, walkers, or other assistive devices so that all campers have an equal opportunity for participation. This may mean providing physical assistance to campers to get to the archery range or creating an alternative site that is more accessible.

When setting up the archery range, clearly define the boundaries for all campers. Campers with visual impairments may need to be oriented to the environment, including the distance from the shooting line to the target, distance from the path to the target, the size and texture of the target, and the location of other archers, bows, arrows, arm guards, and finger tabs. Such orientation can be conducted by a peer who is skilled in archery. Campers with limited vision can more easily recognize boundaries with brightly colored markings and braille signs placed at key locations. It is especially important to clearly mark the shooting line separate from the target area and indicate the perimeter of the range so that campers from other activities do not wander into the shooting area.

Accessible Equipment

There are many ways to modify typical archery equipment so that campers with disabilities can participate successfully. Regardless of which device or equipment modification is used, the goal should always be to assist the camper to shoot as independently as possible (Jones 1988). Factors to consider include the camper's coordination, accuracy, strength, and balance.

- For campers with coordination and accuracy problems, make the target larger, permit the camper to stand closer to the target, utilize a bow support, or use a lighter and/or smaller bow.
- For campers who are visually impaired and who may have difficulty locating the target, place a portable radio behind the target and/or allow extra verbal cueing from a peer. Also, there are more sophisticated auditory devices such as the "Sightless Sight System" (Gray 1990) in which sounds are sent to headphones that signal when the bow is properly aligned with the target.

- For campers with visual impairments who have difficulty nocking the arrow, place brightly colored string or tape on the bow string where the arrow should be notched.
- For campers with limited strength, use a lighter, shorter bow and allow the camper to stand closer to the target. Compound bows and cross bows, especially when paired with a bow support, can provide more pull with less effort than traditional bows, aiding campers with limited upper body strength. In addition, there are special devices that provide support for added stability such as wrist and elbow supports (Paciorek and Jones 1994).
- For campers with reduced fine motor grasping abilities and/or more severe upper body strength limitations (e.g., campers with muscular dystrophy or juvenile rheumatoid arthritis), use mechanical or trigger releases (Paciorek and Jones 1994; Stopka and Sullivan 1992).
- For campers with limited balance, use a standing support that provides extra balance or allow campers with limited standing balance to shoot while sitting in a chair. For example, campers with cerebral palsy who have difficulty standing can sit in a folding chair, and campers with spinal cord injuries can shoot while sitting in their wheelchairs.

Archery is one of the favorite activities at camp. There is nothing quite like the feeling of shooting an arrow and hitting the target. With relatively simple modifications to instruction, the environment, and equipment, campers with disabilities can also enjoy the thrill of archery.

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Canoeing

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Canoeing is a popular adventure and recreational activity that is a part of many camp programs. With reasonable modifications, canoeing can be easily adapted to accommodate the special needs of all campers. More and more campers with disabilities are attending regular camps; it is important that camp staff understand the process of including campers of all abilities in canoeing activities.

Safety

When modifying canoeing activities, safety should always be the chief concern. To ensure a safe canoeing program, camp staff should:

- Familiarize themselves with each camper's fears and disabilities. For example, many individuals fear water. Talk with campers, their parents, and other staff, and review documented evaluations to develop a good base of camper information. Be particularly aware of physical disabilities, behaviors that may occur due to stress or nervousness, and health problems such as allergies, sun and/or heat reactions, or side effects of medications.
- Create a comfortable level of trust between each staff member and each camper.
- Determine each camper's canoeing and swimming ability. Observe campers during swimming activities to determine how comfortable they are in the water. Ascertain previous canoeing experience by talking with campers, their parents, and other staff or by reviewing camp records.
- Note how well each camper responds to verbal directions and demonstrations.
- Check the environment and equipment for safety hazards and concerns. Examine the terrain leading to the canoeing and launch sites for access by campers with ambulatory considerations (e.g., campers who use wheelchairs, walkers, or campers who are blind).
- Review teaching techniques to ensure that safety rules have been established, adequate supervision is provided, and individualized and progressive activities are planned.

Staff

The selection and training of staff for any waterfront activity is vital to the safety and success of the program. The American Red Cross offers certifications in Lifeguard Training, Advanced Lifesaving, Water Safety, CPR and First Aid and Safety. The YMCA offers certifications in Lifeguarding and Instructor's rating in canoeing. Also, the American Heart Association offers certifications in CPR and First Aid and Safety. These certifications are required for accreditation by the American Camping Association.

> The safety of campers in the water is a critical concern to camp directors and all waterfront staff members. Many have asked that ratios of lifeguards (persons certified in Lifeguard Training or the equivalent) and lookouts (staff members assisting lifeguards in observing participants in the water) be established. There are many variables affecting the establishment of "safe" ratios. In previous editions of *Standards for Day and Resident Camps*, the ratios of one lifeguard per twenty-five participants and one lookout to ten participants were required (American Camping Association, 1993).

Camp Easter Seal in Tennessee has staff-to-camper ratios in the canoeing area ranging from one staff member to one camper, to one staff member to four campers, plus a lifeguard on duty.

Staff should not only be certified, but also trained in methods of transferring and lifting campers from wheelchair to canoe and canoe to wheelchair. This training is easily accomplished by locating a physical therapist, occupational therapist, or other trained professional with knowledge of working with people with disabilities.

Accessible Equipment

Campers with physical disabilities can enjoy canoeing with seat and position modifications.

A supported seat provides a secure sitting position (campers should *not* be strapped into a canoe). Back supports for canoes allow more independent involvement. An easy adaptation is to provide a low back support to the existing bench seat in a canoe. Balance is a key concern in canoeing; this seat back must remain low while allowing for the stability of the individual.

The next level of modification is to provide a cushioned seat in the bottom of the canoe. This type of seat provides the back support many campers with physical disabilities need, while maintaining a low center of gravity within the canoe.

A more involved technique of adapting the canoe is a seat that is secured to the canoe thwart (see Figure 11). The seat is constructed at an angle and tilted to accommodate a person with physical limitations and limited trunk control. This seat provides support not only to back and seat, but also to the head, sides, and hips. Basic cushioned supports can be built into the chair to help provide support. For safety reasons, no straps are placed around the camper; campers must be able to free themselves from the canoe. A similar type of seat is manufactured by Tumble Forms®. Called a floor sitter, the seat is made of foam and has a plastic dipped coating for protection. This seat is also secured to the canoe using straps.

Figure 11. Example of a Cushioned Canoe Seat Attached at the Thwart

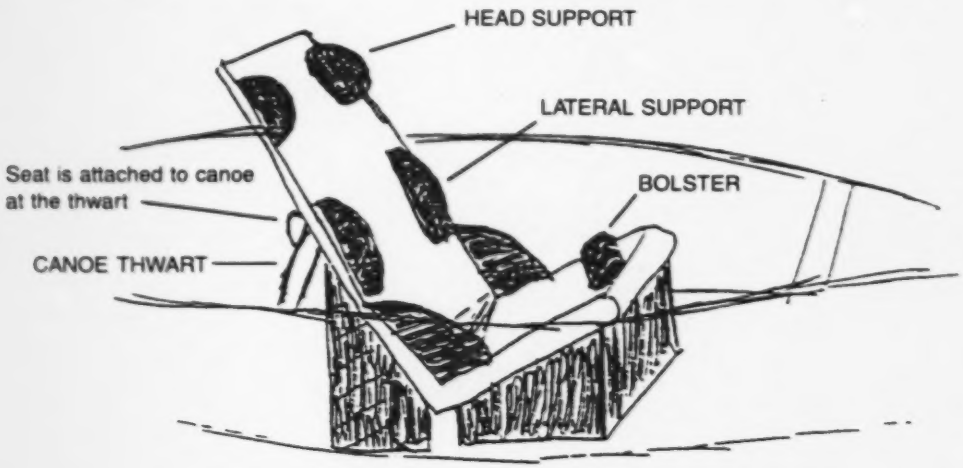
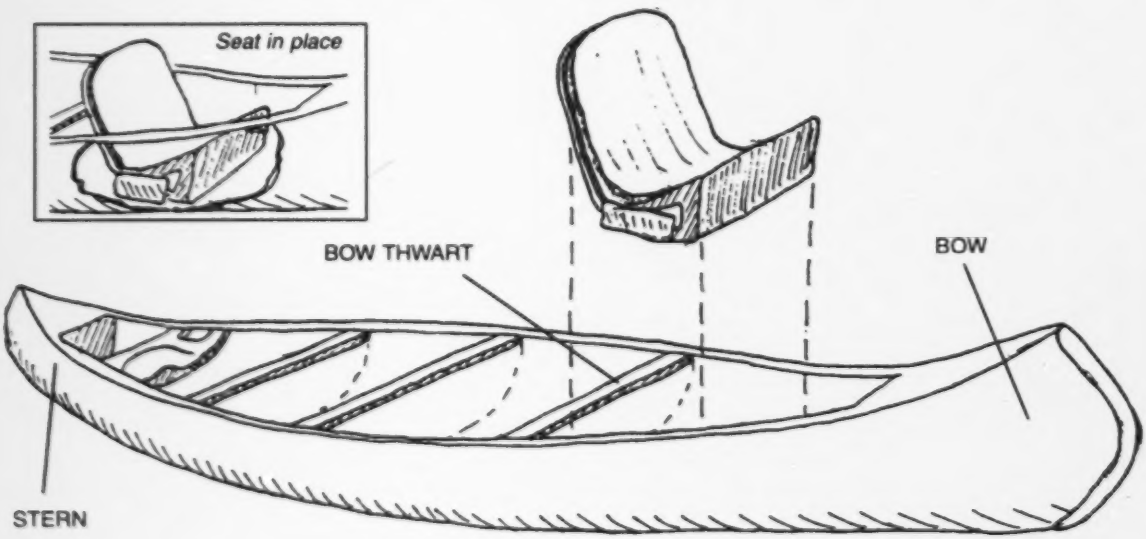


Figure 12 depicts a standard three thwart canoe that has been modified by simply removing the bow seat and replacing it with an easily fabricated seating system. Materials required for construction are plywood, carpet, rectangular and triangular rubber, and closed cell foam. The system provides a nonskid surface for both the camper and the seat itself. The system lowers the individual's center of gravity while promoting sitting balance and trunk stabilization. The seating system relies on the bow thwart to provide rigid back support. Based on the individual's sitting balance, the seat can be adjusted to accommodate a rigid or reclined sitting position.

Figure 12. Standard Three Thwart Canoe with a Modified Bow Seat



Other adaptations for canoeing include the use of straps or handles on the grips of paddles or securing the paddles to the gunwales of the canoe.

Figure 13 illustrates a standard canoe paddle that has been modified to accommodate the needs of an individual with decreased hand function or grip strength. A thick, rigid splinting material (such as Ezefoam) is attached with Velcro and rivets to the throat of the paddle function similarly to a universal cuff. The grip of the paddle is modified with elastic Velcro and two rivets. The elastic Velcro can be adjusted to fit a variety of hand sizes and, for safety, can be released quickly.

Figure 13. Modified Canoe Paddle for an Individual with Decreased Hand Function

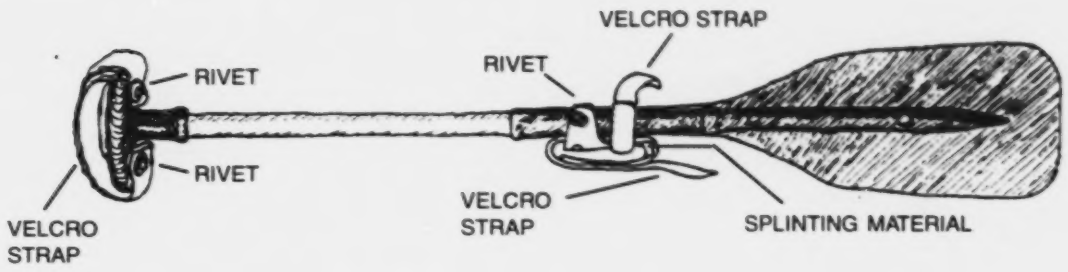


Figure 14 shows a modification in the bow seat for a camper who has good sitting balance and can use a standard canoe seat without difficulty. The paddle can be used on either side of the canoe based on the camper's needs. Two bungee cords are secured to the front of the bow seat, wrapped around the paddle, and secured to the rear of the bow seat. This adaptation allows an individual with limited use of the upper extremities to functionally paddle the canoe.

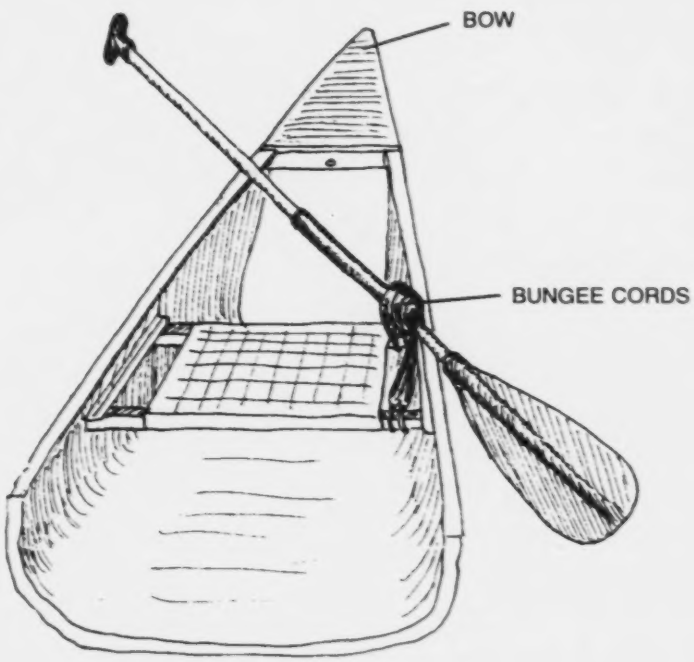


Figure 14. Bungee Cord Modification For a Camper with Sitting Balance

These ideas are basic and easy to implement in any camp canoeing program. With staff training and a few equipment modifications, a camp canoeing program can be an exciting and positive activity for everyone involved.

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American Camping Association. 1993. *Standards for day and resident camps*. Martinsville, Ind.: American Camping Association.

Havens, M.D. 1992. *Bridges to accessibility: A primer for including persons with disabilities in adventure curricula*. Dubuque, Iowa: Kendall/Hunt Publishing Company.

Resources

Tumble Forms®
Available from Sportime
One Sportime Way
Atlanta, GA 30340-1402

Equestrian

Peggy Smith
Easter Seal Society of Washington

There is a compelling mystique about horses that has fueled the dreams of mounted warriors, Grand National betters, and horse-crazy campers since time began. Horses represent strength, sensitivity, athleticism, beauty, and one thousand pounds of horsepower that will accept and respond to verbal and physical commands. Pretty potent stuff!

Horsemanship programs and activities have long been a staple of general and specialty camp programs. As we move further away from a time when we knew someone who owned a family farm, exposure to large animals and a rural way of life becomes more remote. Around the country, 4-H programs, Pony Clubs, community stables, and summer camps remain viable opportunities for children and adults to experience the responsibilities and rewards of equestrian activities.

Learning to ride, vault, or drive a horse is hard work. Just preparing a horse for any of these activities can be a challenge. Equestrian activities by their very nature are highly organized, skill-building, risk activities that promote independence. Acquiring the skills necessary to effectively control a horse, first individually and then in a group of riders, can serve as a foundation for important life skills.

Camps that offer safe and effective riding programs have a powerful marketing tool. Almost all campers have an immediate connection to horses. The horse is a universal symbol of mastery and mobility, commodities often in limited supply to campers with disabilities. Horses can also provide a link to a simpler, safer time in history, a factor parents can appreciate.

For campers with a physical or sensory impairment, a horse can provide a physical equalizer. Once astride, many riders with disabilities are indistinguishable from their able-bodied peers. This can provide a more level playing field and a place to fit in—hard to do when you are the only person in your school with a wheelchair or an assistance device. For campers with developmental disabilities, attention deficit disorder, or learning disabilities, riding can provide a structure in which to develop progressive skills toward the goal of independent riding. Campers without disabilities benefit from discovering that the shared bond of the horse diminishes the physical and cognitive differences that so often define children out in the real world. Horseback riding minimizes disability and allows a natural, inclusive relationship between campers to flourish. The horse becomes a common ground and a shared object of admiration. Mobility and mastery of complex skills are something all riders can share in equal measure and discuss equally with their riding peers.

The term therapeutic riding is used to describe all equine facilitated activities at Easter Seal Society of Washington-West in Vaughn, Washington. The year-round program offers three different elements: (a) year-round weekly lessons, (b) Horse Camp during selected weeks in the summer, and (c) daily riding for summer campers during their week at camp. All three elements are based on an education (remedial) and sport model. Riding is used as a means to minimize physical, cognitive, or emotional limitations and capitalize on each individual's abilities. Fundamental, progressive riding skills and safety are taught in all lessons, whether the class goal is dressage competition or recreational trail riding.

Campers may elect to attend an intensive one-week session of Horse Camp. During these specialty sessions, a camper is exposed to all aspects of horsemanship from feeding to the finer points of fertilizer management. There are four periods of riding instruction each day. Campers are assigned in pairs to a horse and are responsible for the care and all management of the horse during the week. Creative arts projects and even campfires have an equestrian theme during the week and most campers regard swimming, archery, mealtimes, and other activities as unwelcome but necessary intrusions designed to keep them away from "their" horse. Mounted instructional hours focus on development of English equitation skills while lecture, videotape, and demonstration topics introduce campers to a wide range of equestrian disciplines.

Campers are selected for Horse Camp on the basis of a completed camp application, and health history and physical examination form. The physical examination form requests information specific to therapeutic horseback riding precautions and contraindications, (e.g., negative radiographs for atlantoaxial instability, level of spinal cord injury, seizures). Functional information relating to trunk and extremity control, as well as communication and behavioral information, is requested and is crucial to the camper selection process.

Once a camper is selected, he or she is assigned to a session that offers all campers the best chance for a progressive and enjoyable week. Generally, chronological age and functional social level are the primary criteria for assignment. Available staff, trained volunteers, and horses are also factors considered. While campers without disabilities may be able to be supervised in mounted activities in a 1:4 staff-to-camper ratio, a camper with spastic cerebral palsy using a wheelchair may require a 1:3 staff-to-camper ratio.

Safety procedures dictate a maximum of six horses in the instructional ring at any given time. With two adjoined arenas, more riders can be accommodated, but the size of the arena, the range of abilities in the class, the number of personnel needed to accommodate the riders' needs, and the lesson goals planned must be considered when assigning riders. On the first day of the session, campers complete a basic riding skills checklist and are grouped according to beginner, advanced beginner, or intermediate ratings. From that point on, the instruction is geared to each rider's ability and classes reflect both riders with disabilities and riders without disabilities. Unmounted instruction in stable and horse management address all riders as a unit, rather than in their skill groups. Other daily recreation and social activities, as well as living groups, focus on the group interacting as a whole. At the conclusion of the week, riders compete against each other and themselves in a friendly competition that highlights their accomplishments. Classes reflect traditional horse show structure as well as gymkhana (field day, pageantry) events interspersed with stall cleaning races, fitting, and showing. The riders

Figure 15. Easter Seal-West (Washington) Riding Skills Checklist

Rider's Name: _____ Disability: _____

Height: _____ Session: _____

Horse Assignment: _____ Weight: _____ Sex: _____ Age: _____ Cabin: _____

Appliances: _____ Wheelchair: electric _____ manual _____

Crutches: _____ Other: _____

Communication assist: _____

Medication alert: _____ Seizure: Y N Type: _____

Previous riding experience: _____

independent: _____

Leader: Y N Sidewalkers: 0 1 2 assistance level: _____

Saddle (type & #): _____ Helmet size: _____

Adaptive equipment: vaulting surcingle: _____ fleece: _____

gel pads: _____ handhold: _____ reins: _____ neckstrap: _____

Level key: B = Beginner AB = Advance Beginner I = Intermediate

	Level	Comments
Safety knowledge		
Stable mgt.		
Mount/dismount		
Warm-up		
Walk		
Exercises		
Halt		
Reinback		
Sitting trot		
Rising trot		
Canter		
School fig.		
Games		
Trails		
Vaulting		
Dressage		

work within their pairs on their assigned horse. The camaraderie and pride in achievement is well worth the scheduling challenge of this type of event. A quiet ceremony ends the day where the riders present their horse with a memento they have worked on through the week. This memento hangs on the stall door after campers have left and seems to comfort those campers who may grieve when faced with this very real separation. Quality photographs are taken of each rider and horse and framed in one of their horse's discarded horseshoes. Each camper leaves camp with this important reminder of the week.

Campers attending the traditional residential camp session can choose to have a one-hour riding lesson as one of their four formal activity periods during a typical day. In a seven-day session, a camper is able to ride in five daily lessons. Campers typically attend camp in general age and disability categories, making selection and assignment to riding lessons easier for the instructors.

Physical examination forms, camp applications, and information collected at check-in from parents and caregivers are used to determine horse and staff assignment for campers. Instructional techniques used during the seven-day sessions are similar to those used in Horse Camp and the year-round program.

Staff

The selection and training of staff for the equestrian program is crucial to its success. The Easter Seal-West program is accredited by the North American Riding for the Handicapped Association (NARHA) and is supervised by NARHA certified instructors.

NARHA offers three levels of certification: registered, certified, and master instructor.

- **Registered instructors** are generally entry level instructors who have documented experience in the field of therapeutic riding, have passed a written and practical exam and are considered capable of providing a safe basic lesson for riders.
- **Certified instructors** also have passed written and practical exams, have additional requirements for documented experience in a NARHA accredited operating center, and are considered capable of providing safe and effective lessons for riders. Endorsements at the certified level are available in teaching riders with physical and/or cognitive impairments.
- **Master instructors** have passed intensive exams, have a depth of experience in theory and practice, and are able to teach riders of all abilities at all levels, as well as train instructors.

All levels of certification require current CPR, First Aid, and annually accrued continuing education hours. NARHA certified instructors are an excellent resource for summer staff recruitment. Additionally, there are over 450 NARHA accredited operating centers throughout North America with experienced assistant instructors or volunteers who may fill summer camp positions. The Camp Horsemanship Association (CHA) offers a joint NARHA/CHA certification clinic geared to instructors interested in therapeutic riding.

There are several excellent programs in the United States that offer intensive training programs for instructors. Many instructors graduate from these private or university-affiliated programs and then go on to apply for NARHA certification. 4-H Clubs, U.S. Pony Clubs, the British Horse

Society, colleges and universities offering equestrian study degrees, and private riding groups are other recruiting resources.

Regardless of the point of origin for any riding staff member, he or she should be an experienced horse person who also has training and experience working with people with disabilities in equine facilitated activities. An instructor must be able to teach a range of individuals of all abilities, utilizing effective communication techniques that allow students to progress in a safe, effective, and fun environment. Teaching riding, vaulting, or driving requires an instructor who is thoroughly familiar with each discipline and is comfortable adapting techniques and equipment to each camper. Some camp programs may need to determine if the true purpose is teaching riding and equestrian activities or providing supervised recreational rides without instruction. In either case, safety must be the primary concern.

When the core riding staff members are selected and properly oriented, they can train other camp staff to provide the appropriate levels of assistance needed for each rider. The Easter Seal-West program uses written materials, slide and video programs, and hands-on role playing to train non-riding staff to their roles in the arena. Consistency in orientation is important and in-service training sessions are offered frequently to all staff.

Horses

Properly trained and well-schooled horses are integral to the success of any riding program. When instructional or recreational riding is offered to campers with disabilities, the riding staff must be capable of training the horses to accept and respond appropriately to riders with special needs. Mounting and dismounting techniques must be practiced on horses until they stand quietly for the length of time required to effect a safe mount or dismount. Horses must be trained to selectively respond to weight shift, asymmetry, spontaneous verbalizations and carrying a rider's weight while tolerating up to three ground assistants, a leader, and two side walkers. Contrary to popular belief, therapeutic riding mounts are not plugs; most are trained to second level dressage and can provide the riders with a progressive challenge. The horses must be sound at all gaits (walk, trot, canter, gallop, rack), tolerant and responsive, and of a height and conformation suitable to the size and needs of the rider.

Activities

Adapting activities to include riders with disabilities should be undertaken with the advice of an instructor with experience in therapeutic riding. Factors to consider are:

- the range of abilities within the riding group or class
- the number of personnel present in the arena or on the trail
- the potential effect of the activity on balance, muscle tone, behaviors, and senses of the riders

Almost any traditional riding lesson format can be adapted to include riders with disabilities. As with any class, the instructor often needs to teach or coach individuals within a group setting. Each

Figure 16. Easter Seal-West (Washington) Therapeutic Horse Evaluation Scorecard

Horse's Name: _____ Date: _____

Owner's Name: _____ Location: _____

Type and description: _____

_____

	poor 1	2	3	excellent 4
CONFORMATION				
Balance & symmetry				
Back and loin				
Croup				
Hindquarters				
Gaskins				
Shoulders				
Chest				
Arm & shoulder				
Legs (correct all views)				
Pasterns				
Feet				
Hocks				
Knees				
Cannons				
Base: narrow ave wide				
Head				
Teeth				
Overall health/condition level				
ACTION				
Lounge: walk				
trot				
canter				
Astride: walk				
trot				
canter				
Tracking				
Fitness level				

	poor 1	2	3	excellent 4
TRAINING LEVEL				
Established distinct gaits				
Transitions				
Halt, square, and holds				
Carries self, balance				
TEMPERAMENT				
Energy level				
Alertness				
Interest in surroundings				
Tolerates grooming				
Tolerates tacking				
Tolerates tail pulling				
Tolerates ear handling				
Opens mouth willingly				
Tolerates touch on leadline				
Tolerates nerf balls				
Tolerates other objects				
Tolerates sudden movement				
Tolerates noise				
Tolerates long lines				
Tolerates mounted activities				
around the world				
side sit at walk				
croup/poll touch				
hugs				
exercises				
emergency dismount				
role play seizure				
Trainability				
Overall willingness				

COMMENTS:

Easter Seal-West agent's signature _____

horse and rider pair will have their individual goals within group goals. The entire class could be working on developing a rising trot on the rail of the arena while those needing additional instruction or assistance are brought in fifteen feet off the rail to work on the skill. When there is a great disparity of skills and abilities in the arena, riders who do not have independent control of their mounts can work on reinbacks or halts around traffic cones or trail obstacles, and then move out to the rail as the lesson proceeds.

Trails can be identified to meet the needs of rider groups. The Easter Seal-West program has designed and developed trails that are a minimum of six feet wide over a variety of terrain and can accommodate riders and accompanying side walkers. Trails have been developed that reinforce directionality and challenge balance, provide sensory integration input, and are identified to degree of difficulty, similar to alpine ski runs. The riders can progressively develop skills that will allow them to challenge the most difficult trail. Additional equestrian activities that adapt well to inclusion are sport vaulting, drill team work, polocrosse, obstacle or trail courses, and dressage.

Accessible Facilities and Equipment

NARHA accreditation standards are an excellent resource for facility adaptation. American Camping Association and NARHA standards address minimum requirements for shelter and management of horses. The facility that houses the horses will in part determine if the camp will offer stable management or ground activities in addition to mounted activities. A safely fenced arena or instructional ring with two gates that can be closed securely with even, supportive footing is essential. An accessible mounting ramp and block is the facility adaptation that will require the most careful planning to function appropriately.

NARHA accredited centers and the NARHA guidebook have a wide range of mounting ramp examples and plans. Accessible restrooms should be available to riders and, if stable management is part of the program plan, tack rooms and cross-tie areas can be readily adapted to be accessible. Riders with sensory impairments may benefit from auditory signals placed around the arena, written instructions, interpreters, or the mounted version of a sighted guide.

All riders must wear an American Society for Testing Materials (ASTM) /Safety Equipment Institute (SEI)-approved hardhat with attached chin harness. Saddles (English or Western) must be fitted with approved safety stirrups. There should never be any attachment of the rider's body to the saddle or horse.

Inclusion

The net effect of inclusion is positive. Younger campers quickly overcome their natural curiosity about differences between campers and relate to each other on a functional, "look, we can have fun together" level. All campers benefit from this acceptance and respond by proving to themselves, their parents, and their peers what they *can* do—rather than what they cannot do. Older campers often feel challenged to compete with each other, improving their riding skill at all levels. When riders of varying abilities are paired to cooperatively care and manage their assigned horses, the cooperative effort

often carries over into other camp activities. Instructors and riding staff are challenged to analyze routine tasks and instructional curriculum to develop more professional and more effective styles of instruction. A concomitant heightened awareness of safety issues and resultant risk management planning is yet another positive impact of inclusion. When all campers are provided an accessible and accepting environment, they can be empowered by the mobility and mastery inherent in riding.

The primary problems encountered when including campers with disabilities into the program are perceived rather than practical. Parents may be hesitant to involve their able-bodied children in the program, feeling that the level of instruction will be lowered to accommodate the children with different needs. Parents of children with disabilities may be concerned that their children will be pushed to compete with children perceived to be more physically or cognitively capable. Parents of children with disabilities may be equally concerned that their child may be treated as a "token" rider and not encouraged to develop his or her potential. Another problem can be parents' insistence that their child be involved in the riding program or camp when the child may not have the appropriate prerequisite skills to safely participate in the program. Many of the problems are perceptual in nature and interestingly, given a well-structured program and knowledgeable staff, the campers seem to be able to adapt, accommodate, and problem-solve more easily than some parents.

Many challenges can be addressed by clearly outlining the goals and objectives of the riding program as they relate to the overall mission of the camp or organization. Identifying acceptance or enrollment criteria, as well as having parents participate in the session assignment process, can go a long way to allay a parent's concerns or unrealistic expectations. If parents understand that the intent of the camp is to provide a quality experience for their child through a clearly defined process, they will often participate wholeheartedly in the process, providing invaluable observations and evaluations. Reassuring parents that qualified, experienced instructors have been hired and that both staff and horses have been specially trained also helps to mollify parent concerns.

Sharing sample lesson plans and videotapes of inclusive lessons is an excellent way to educate and reassure parents and prompt clarifying questions. Staff should be very candid with parents about the scope and limitations of their own experience and be realistic about what campers can expect to achieve in the program. Parents are also justifiably reassured when a program and the instructors have achieved industry recognition as is the case with NARHA program accreditation and NARHA instructor certification. Providing concerned parents with a referral list of parents who endorse the program based on their personal experience with the camp can be an excellent method of providing information "straight from the horse's mouth."

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Heipertz, R. 1981. *Therapeutic riding, medicine, education and sport*. Ottawa: National Printers, Inc.

Joswick, F., M. Kittredge and L. McGowan. 1986. *Aspects and answers*. Detroit, Mich.: Cheff Center.

Longden, M.L. 1984. *Teaching disabled riders*. Blackburn: Acacia Press PTY.

Leff, M. 1993. *Guide to therapeutic groundwork*. Washington, D.C.: National Center for Therapeutic Riding.
Spink, J. 1993. *The therapy horse*. Durango, Colo.: Engle Therapy Services.

Resources

Association for Horsemanship Safety and Education/ Camp Horsemanship Association (CHA)
5318 Old Bullard Road
Tyler, TX 75703
800-399-0138

North American Riding for the Handicapped Association (NARHA)
NARHA Curriculum for Riding Therapy, NARHA News, NARHA Mounted Games video
P.O. Box 33150
Denver, CO 80233
800-369-7433

American Society for Testing Materials/Safety Equipment Institute
100 Barr Harbor Drive
West Conshohocken, PA 19428-2959

Fishing

Dan Gilliland
Camp ASCCA-Easter Seals, Alabama

Fishing is always a popular activity at camp. At Camp ASCCA-Easter Seals, Alabama's Special Camp for Children and Adults, the fishing program is adapted to accommodate the special needs of all campers.

Fishing today is a high-tech business dominated by expensive electronic gear, outstanding rods and reels, and 70-mph bass boats. This is not the world suited to the beginning fisherman or camper with special needs. The first step in making fishing an enjoyable activity for these campers is to keep it simple and provide catchable fish! Bluegill, crappie, catfish, and even some of the rough fish species make catchable targets.

If your camp facility has a fishing pond, you can readily turn it into a never-miss catfish pond with a little dedication and work. Purchase five hundred to fifteen hundred catfish fingerlings in the six-inch size range (or larger if available) and feed them daily from a fishing pier or other special location. These fish, as they grow, will offer campers the best possible chance to catch a large, powerful fish during the summer. Campers can readily catch these fish during the feeding time with pieces of cheese, worm, or stink bait under a cork or bobber at about twelve to eighteen inches deep. Continue a consistent year-round feeding program for the catfish or they will "out-compete" the bass and bream for available forage food in the pond. Bluegill and other species will feed off the floating catfish pellets.

If your camp fishing facility is located on a public waterway or lake, the options are even greater. Fishing stations or piers at various locations can be baited with cottonseed meal, corn, or dog food to draw in a vast assortment of game and rough fish. A fifteen- to twenty-pound carp is a tremendous challenge on any tackle and will be a lifetime memory for a camper.

Accessible Equipment

As with most camp populations, the simpler the equipment the better. The venerable cane pole remains highly useful with special campers. Many campers with disabilities may find it difficult to hold on to the small diameter of the pole. This problem can be solved by adding a twelve-inch piece of rubber pipe insulation to the bottom of the pole. This aids a camper with grip problems much in the same manner as the enlarged handles on adapted eating utensils.

As far as rods and reels are concerned, those of the spin cast variety are the rule. The simple tangle-free design makes these reels the best for camp use. The rods should be 6- to 6½-feet medium action rods with straight popping style handles. The straight handles lend themselves more readily to adaptive devices, such as the Strong-Arm rod holder (Strong-Arm Fishing Products), that eliminate the need for a functional hand to hold a fishing rod. The reel handles can be replaced with Gator Grips (available from Bass Pro Shops). These oversized handles with rubber grips make "finding the handle" easier for those with slow grip function.

For the more advanced fishing enthusiast, spinning tackle is a good choice. These traditionally are used with straight handled rods and can also be adapted for the gripping devices mentioned earlier. If products such as the Strong-Arm are not available or feasible, the straight handled rod can be secured to a camper's hand with velcro straps or ace bandage wraps. Both of these techniques are widely used among fishermen on the Paralyzed Veterans Association tournament circuit.

Simple rod holders can also be made from twelve- to eighteen-inch lengths of PVC pipe. These can be attached to wheelchairs with hose clamps or Velcro straps and allow a camper with little or no muscular control to watch his or her rod without assistance.

These devices are simple ideas within the reach of most camp budgets and camp do-it-yourself projects. There are many other adaptive devices being marketed by organizations dedicated to providing outdoor opportunities for campers with disabilities.

Accessible Piers

Piers must also be adapted to accommodate campers with disabilities. Several adaptations being used today provide increased opportunities for wheelchair users. On many piers, the standard vertical side rails do not allow a wheelchair angler to closely access the pier railing. A design now being called the *cowcatcher*, which resembles the old cowcatchers on steam train engines, eliminates this problem and allows the wheelchair user to approach the pier railing, much like one pulls a chair up to a dinner table. The wide two-inch by twelve-inch top plate allows ample room for a tackle or bait shelf. Figures 17 and 18 show examples of cowcatcher pier adaptations. Write to Camp ASCCA-Easter Seals for complete accessible fishing pier plans. These pier designs also perform well for campers without disabilities; in fact, the vertical railing also provides a safety feature for young children.

Accessible Boats

There is no better boat for campers with disabilities than a pontoon boat. Many facilities already have pontoon boats and a few simple modifications can make them usable for campers with disabilities. For example, most standard pontoon boat entrance gates are twenty-four to twenty-eight inches wide. If you increase the gate width to between thirty-two and thirty-six inches, campers can board the boat via wheelchair versus transfer. Pedestal sockets can be mounted in the floor of the pontoon boat to allow "bass boat" style seating for those campers who can transfer from their wheelchairs or otherwise use standard seating. The addition of a bow mounted trolling motor and a good guide make for an enjoyable outing. Figure 19 depicts an adapted floor plan for an accessible fishing

Figure 17. Cowcatcher Pier Design

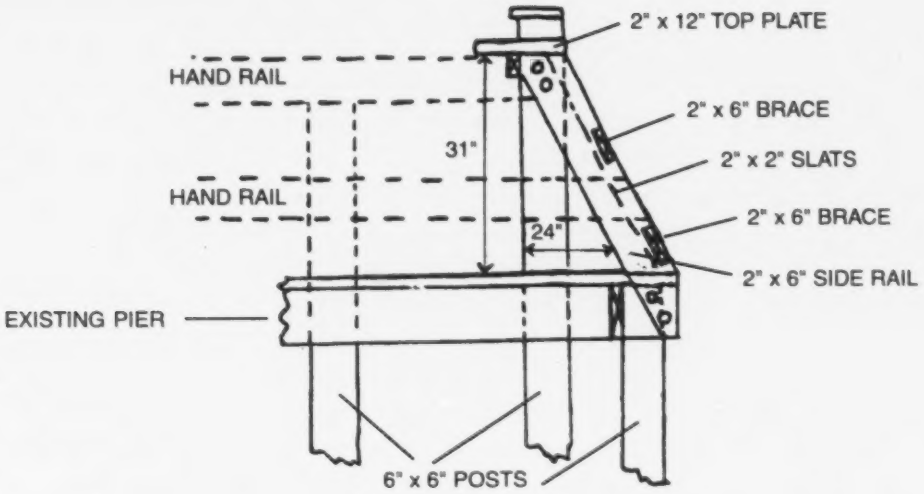
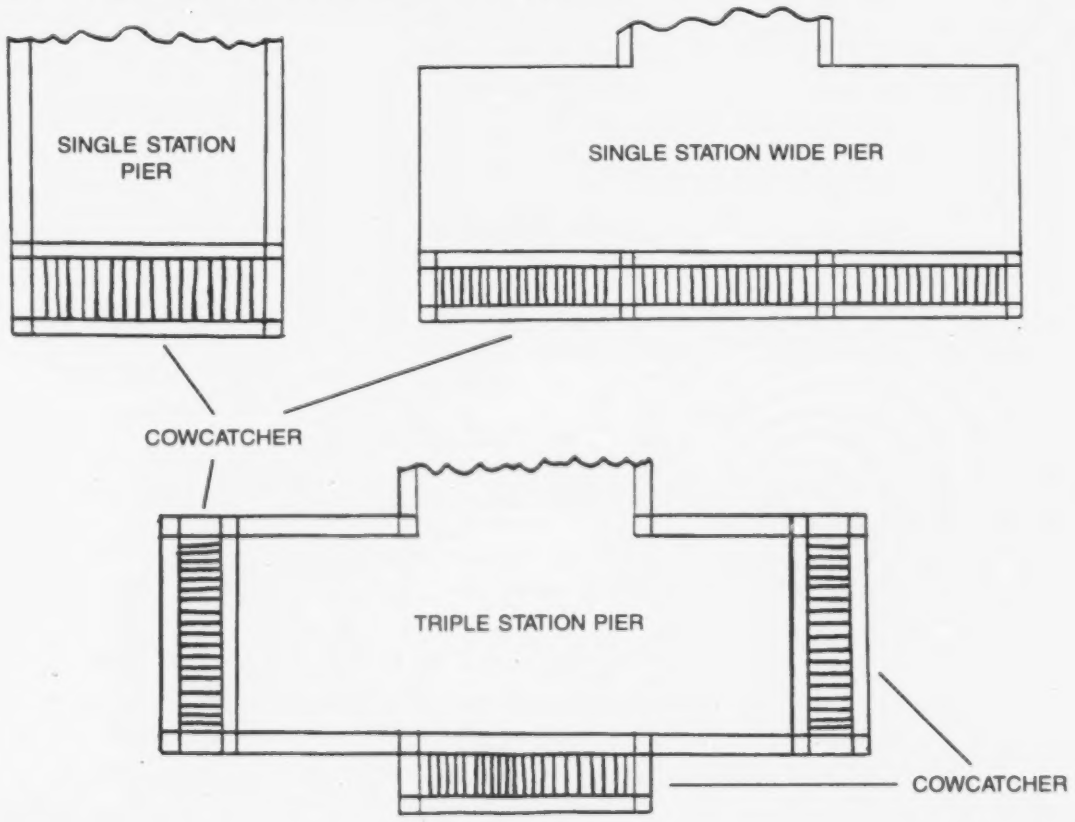
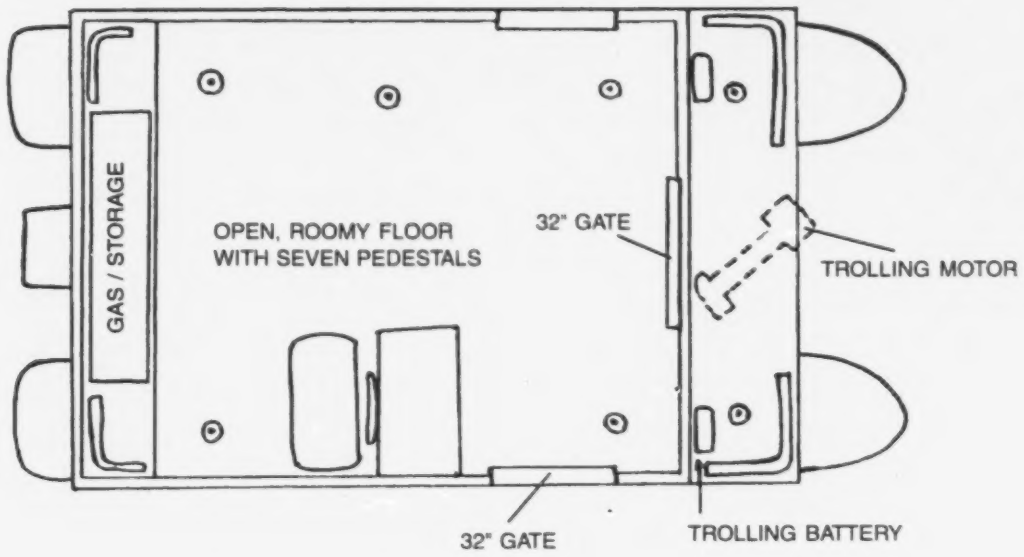


Figure 18. Designs for Cowcatcher Fishing Pier



pontoon boat currently in use at Camp ASCCA-Easter Seals. For boats that move faster than standard pontoon boats, a device called a "Surelock" wheelchair lockdown can be installed on the boat floor. This device provides positive overcenter locking for a wheelchair and can be locked and unlocked in seconds. A recessed mounting ring leaves the floor clear of obstructions.

Figure 19. Adapted Floor Plan for an Accessible Pontoon Fishing Boat



The ideas presented here are simple concepts that can be put into place under limited budgets and with limited staff. There are many useful items, in all price ranges, available through speciality supply houses that make fishing possible for campers with a variety of disabilities. All campers can have an enjoyable fishing experience at camp.

Resources

Access to Recreation, Inc.
Adapted fishing products
Attention: Donald A. Krebs
2509 East Thousand Oaks Boulevard
Thousand Oaks, CA 91362
805-498-7535

Angling Horizons of Minnesota
Adapted fishing products
Attention: Rick Bujvanovich
Route 1 Box 173
Becida, MN 56625

Bass Pro Shops
Gator Grips
1935 South Campbell
Springfield, MO 65898
800-BASSPRO

Camp ASCCA-Easter Seals
Fishing pier plans
P.O. Box 21
Jackson Gap, AL 36861
205-825-9226

Charleton's Mobility Center
Surelock wheelchair lockdown
1911 George Washington Memorial Highway
Yorktown, VA 23693

Fishing Has No Boundaries, Inc.
Attention: Al Olsen
P.O. Box 175
Hayward, WI 54843
715-634-3185

HandiCapable Guide Service
Attention: Noel Dillard
P.O. Box 222
Gilbertsville, KY 42044

Strong-Arm Fishing Products
Adapted fishing products
2046A Pharmacy Avenue
Scarborough, Ontario M1T 1HB
Canada

Wheels and Reels
Adapted fishing products
Attention: Don Murray
903 West Main
Waxahachie, TX 75165

Golf

Martin E. Block and Linda K. Bunker
University of Virginia

Golf is one of the fastest growing recreational activities in the United States. One reason for its popularity is that it can be played by individuals of all ages, sizes, and abilities. Its adaptability and built-in handicapping system make it an ideal activity for people with disabilities (Owens and Johnson 1984). Yet, until recently, golf rarely was considered a viable activity for these individuals. Perhaps it was the perception that a high level of skill was needed to be successful in golf, that golf courses were inaccessible, or that the cost to play was prohibitive.

Recently, golf has become a part of several organizations' programs, including the Special Olympics, the Dwarf Athletic Association of America, the National Amputee Golf Association, and the National Deaf Golfers Association (Paciorek and Jones 1994). With the increased interest in golf among individuals with disabilities, there will be an increase in requests to participate in camp golf programs.

Rules

The first step in developing a program for golfers with disabilities is to establish safety rules. General safety rules for all golfers will be appropriate for golfers with disabilities. Important safety rules for all players include: not swinging a club when other players are nearby, not hitting until the players in front are out of range, staying a safe distance away from a player getting ready to swing a club, and staying behind the player hitting the ball until the ball is hit (see Figure 20).

While most golfers will understand general safety rules after one or two verbal explanations, it may be necessary to repeat rules several times during a program for golfers with mental retardation. Also, it may be helpful to demonstrate each rule to make sure everyone understands exactly what to do. For example, a golfer with mental retardation could practice looking around before swinging. The golfer can even be provided extra cues such as repeating "Stop-Look-Swing" before swinging the club. Another good safety rule is establishing a signal to which all players immediately stop what they are doing. This signal may need to be both verbal (for most golfers, including those with visual impairments) and visual (for golfers with hearing impairments).

Figure 20. Safety Rules for Golf*

- A golf club can be a dangerous weapon. It should never be swung in a group.
- Do not swing a golf club unless in a designated area and all other golfers are in position.
- The best way to approach a golfer who has a club down in an address position is from the front, facing the golfer.
- Never position yourself or a camper in the target line of a golfer swinging a club. The club could slip out of the golfer's hands.
- Pair campers to share golf clubs. One camper is a "watchdog" for the other camper.
- Do not allow campers in front of an established hitting line, regardless of the type of ball being used.
- When demonstrating or organizing, ask campers to hold their club at the club head end. This discourages them from swinging the club.
- Teach campers when to use the term *FORE!* It is not a substitute for following safety procedures.
- Teach campers to use the stop-look-swing method prior to each swing.
- Do not allow high clubbing. In play situations, where close supervision is difficult, allow only half-swings to hip height. Half-swings incorporate all of the fundamental movements of a full golf swing.

*adapted with permission from Special Olympics. 1994. *Special Olympics golf sports skills program.* Washington, D.C.: Special Olympics.

Instruction

The next step in developing a program is to assess campers' present level of performance and determine if adapted instructional methods are needed. Owens (1984a) outlined several key factors that should be assessed prior to determining individual goals, instructional modifications, and equipment modifications. These factors include the nature of an individual's disability (medical, physical, sensory, learning, emotional), movement capabilities and limitations (e.g., does the disability affect the golf swing), medical and health conditions (e.g., asthma, seizure disorder, diabetes, HIV/AIDS, or others that may cause medical emergencies), previous golf experiences, motivation to play, and the golfer's expectations.

Alternative instructional techniques may be needed when working with individuals with disabilities. For example, the following suggestions are adapted from Block (1994) and Owens (1984b).

Golfers who are blind may benefit from the following.

- Use detailed verbal explanations to supplement demonstrations, especially when giving feedback. Cues such as "bring your arm back more" mean little to a player who is blind. "Bring your arm back another three to four inches" is more specific.
- When explaining where to hit the ball or where the ball went, use the face of a clock as a reference. For example, tell a player "the ball traveled to the right and landed fifty feet away at two o'clock." This also works well when pointing out hazards: "the hole is at twelve o'clock, a trap is about one hundred feet short of the green at around eleven o'clock, and there is a pond off to the left at seven o'clock."
- Use more physical guidance. For example, allow the golfer to hold onto the instructor's arms and *feel* a golf swing. Allow players to feel down to the club head to make sure it is aligned properly.
- Assistive devices may help the player line up properly. For example, place a club or two-inch by four-inch piece of wood on the ground, parallel to the desired ball flight, so the player can put his or her toes up to the guide to get proper alignment during address (Owens and Bunker 1995).
- When describing the layout of a particular golf hole, use a raised model of the hole (or a fabric marker or other device that makes bumps over the outline of the hole on the model). This allows the golfer to feel the outline of the hole, the trouble areas, and the fairways.

Golfers with mental retardation may benefit from the following.

- Use concrete rather than abstract concepts. For example, a camper with mental retardation may not comprehend the cue "bring the club back parallel to your target side shoulder as it points to the hole." A better cue might be "bring the club back until you feel your right elbow touch your side."
- Use smaller words and break down verbal directions into smaller sentences.
- Keep instructor directions and demonstrations brief. Arrange the lesson to provide a quick direction, time for players to practice the skill, another quick instructional tip, then more practice.
- Present instructions through physical and visual demonstrations as well as verbal directions. Highlight key points.
- Depending on the motivation and behavior of the camper, external reinforcement may be necessary. For example, the instructor might say "after you hit five balls, you can get a drink." The camper can then identify a finite end to the activity as well as a reinforcer (a drink).

Staff

Golf instructors should possess a sound knowledge of fundamental golf skills. They should be able to discuss the rules, etiquette, and strategy, and demonstrate stroke mechanics. Instructors should know how to assess a camper's skills and abilities by conducting skill tests and discussing the camper's abilities with parents, specialists, and camp staff.

When working with campers with disabilities, golf instructors should be able to analyze and correct stroke problems, make instruction easily understandable, organize classes to optimize practice time, provide a physically and emotionally safe practice environment, and offer appropriate feedback. Additionally, they should be able to individualize instruction, set appropriate goals for each camper, and make the practice session fun. It is also useful for instructors to know behavior management techniques, particularly the use of positive reinforcement to elicit skill performance gains.

Most Professional Golf Association (PGA) professionals are willing to work with camp directors to provide quality instruction for all campers. In particular, the PGA has expressed a commitment to making golf instruction available to people with disabilities.

Accessible Facilities

Most camps conduct golf programs off site at public or private golf courses. Most golf courses were not initially designed for people with disabilities, particularly those using wheelchairs. Yet, the Americans with Disabilities Act mandates that all services and accommodations that are available to the general public, including public golf courses, must be accessible to people with disabilities. Additionally, private clubs that open their facilities to the general public for a golf camp (i.e., open to anyone willing to pay the fee to take part in the camp) must be accessible to campers with disabilities (see the chapter on Meeting the Mandate of Americans with Disabilities Act for more information).

It is the camp's responsibility to select a site that can accommodate campers of all abilities. If campers will use the clubhouse area, it should be accessible. This includes access to the clubhouse, restaurant, proshop, locker rooms, and restrooms. The driving range and course must also be accessible to campers with disabilities. The driving range should have at least one area that is accessible to golfers with physical limitations. This may be as simple as the addition of a temporary ramp and widening one driving area to allow access by golfers using wheelchairs.

The course poses the greatest challenge for wheelchair accessibility. Some accommodations will be readily achievable; other accommodations might negatively effect the golf course and therefore are not considered reasonable accommodations and are not necessary. For example, it would be impossible to make all sand traps accessible to players using wheelchairs or seated in a golf cart. Similarly, it would harm the golf course to allow a player who plays from an electric golf cart to drive the golf cart onto putting greens. Modifications to rules of the game (e.g., a free lift out of sand traps), assigning one or two putts per hole depending on the distance, or allowing another player to substitute putt for the player are examples of reasonable accommodations. Efforts are being made to develop a cart that can be driven onto greens without causing damage (Paciorek and Jones 1994).

Other accessibility issues include transportation, housing, and restaurants. If transportation is provided to golfers to get to the camp, then such transportation should be accessible to all. This can be

as simple as arranging a van with a wheelchair lift to transport the camper with a disability. If food and housing is provided by the camp, then at least one area should be accessible for people with disabilities. If the camp utilizes a full-service resort area (a resort with its own hotel, restaurant, and golf course), housing, shops, and restaurants should already be accessible under Title III of ADA.

Accessible Equipment

There are many modifications that can be made to equipment that allow players with varying types of disabilities to participate in golf activities. Some general modifications for golfers with problems with coordination include: using larger balls; using shorter, lighter clubs with larger heads; increasing the grip size of the clubs; varying the distance requirements of the course (e.g., allowing players to hit from tees at different distances from the green); and considering the ball "in the hole" when it is putted within one club length from the actual hole (Block 1994). More specific modifications for golfers with specific disabilities (adapted from Block 1994; Longo 1989; Owens 1984a; Paciorek and Jones 1994; Loovis 1995) include the following.

For golfers with visual impairments or who are blind:

- Allow players to use brightly colored balls.
- Place foot markings on the ground to show where to place the feet when addressing the ball.
- A partner can provide feedback to the golfer including where to stand, in what direction to hit, and the result of the shot (e.g., that was a good hit, but the ball went left at approximately eleven o'clock).
- On the green, wiggle the flag stick at the hole to provide auditory cues to guide the direction of the putt.
- Place a sounding device (e.g., portable radio, beeper) in the direction of or at the hole (Cowert 1989).
- Allow players to use a putting guide to line up the putter and ensure a straight putt.

For golfers who use wheelchairs:

- Allow players to use extra long clubs to reach from the cart or to clear foot plates from the wheelchair.
- Allow players to hit from a sitting position either in a portable chair or from the golf cart (some golf carts have swivel chairs that make it easier for the golfer to maneuver into position).
- Allow players to use a device called the *Gripper* (a suction cup that fits on the butt end of a putter) to tee a ball or pick up a ball from the ground without getting out of the chair.

For golfers with other disabilities:

- Allow individuals with short stature (e.g., those with dwarfism) to use shorter clubs and hit from forward tees.

- Allow players with one arm to use the *Amputee Golf Grip* or *Robin-Aids Golfing Device* (approved by the United States Golf Association; attaches to most prosthetic devices and allows players who use one arm to swing a regular club).
- Allow players with lower limb amputations to balance using a chair or cane while addressing and hitting the ball.
- Use winter rules all year by allowing the golfer to improve the lie of the ball.
- Allow players to use a long putter to reduce balance and flexibility demands.

Golf is a wonderful sport for people with disabilities. The game can be played socially or competitively; it can be played alone or in a group; and it can be played in one's backyard, on a driving range, or on a golf course. By following some simple guidelines for safety, accessibility, and modifications to instruction and equipment, players with disabilities can be successfully included in most camp golf programs.

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Owens, D.D. and C. Johnson. 1984. A model for golf instruction. In *Teaching golf to special populations* edited by D. Owens. New York: Leisure Press.

Paciorek, M.J. and J.A. Jones. 1994. *Sports and recreation for the disabled* (2nd ed.). Carmel, Ind.: Cooper

Special Olympics. 1994. *Special Olympics golf sports skills program*. Washington, D.C.: Special Olympics.

Resources

Augrich Corporation
Gripper
9418 West Irving Park Road
Schiller Park, IL 60176
708-671-0121

Dwarf Athletic Association of America
418 Willow Way
Lewisville, TX 75067
214-317-8299

National Amputee Golf Association
P.O. Box 1228
Amherst, N.H. 03031
800-633-6246

National Deaf Golfers Association
c/o Troy Anderson
1896 Dellwood Avenue North
Roseville, MN 55113

The Professional Golfers Association of America
100 Avenue of the Champions
P.O. Box 109601
Palm Beach Gardens, FL 33410-9601

Special Olympics International
Director of Golf Programs
1325 G Street, NW Suite 500
Washington, D.C. 20005-3104
202-628-3630

Therapeutic Recreation Systems (TRS)
Amputee Golf Grip; Robin-Aids Golfing Device
1280 28th Street, Suite 3
Boulder, CO 80303-1797
303-444-4720

United States Golf Association
Golf House
P.O. Box 708
Far Hills, NJ 07931-0746
908-234-2300

Outdoor Adventure Trips

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Healthsouth Lakeshore Rehabilitation Hospital, Alabama

Outdoor adventure trips have steadily gained popularity in the United States. A wilderness trip combines active participation in an aesthetic outdoor context. The element of risk enhances excitement and provides an avenue for stress relief. A carefully planned trip can contribute to increasing the self-esteem of participants while promoting a healthy lifestyle choice. Additionally, the feeling of safety in numbers promotes an atmosphere that is both supportive and protective, particularly when participants are accompanied by friends and/or family members.

Participants generally learn far more than simple outdoor skills. They learn the value of group communication and cooperation. They learn to work together toward a common goal. They learn the value of helping one another. Outdoor recreation can uniquely impact an individual by providing opportunities to experience success while contributing to group functioning. Participants learn to work together, and together they learn to share the feelings of group accomplishment.

Including campers with disabilities in an outdoor adventure trip involves the same care and consideration as planning any outdoor adventure trip. Due to special medical or mobility needs, certain precautions should be considered; however, with a little extra care, effective and safe trips can be organized. The outdoor recreation environment provides a natural integrated setting for the involvement of campers with and without disabilities. Outdoor adventure activities provide an atmosphere of fun and trust that facilitate education and reflection. All campers are able to rely on their respective abilities to achieve a common goal. Abilities replace disabilities; people are viewed as people first and foremost.

The purpose of any outdoor adventure trip should be to offer basic instruction and hands-on experience. The best way to meet this goal is through the careful planning of a series of small sequential successes. Success builds confidence, which in turn leads to more success. A critical point to remember is that all individuals are different, with different needs and different abilities. Successful trips individualize the program to take advantage of each participant's abilities.

An outdoor adventure trip that includes peers with and without disabilities is a tremendous opportunity for camper development often overlooked by many camps. There is a perception that outdoor adventure trips are too strenuous for campers with disabilities or that sites are inaccessible. Some trips can be both strenuous and full of accessibility problems. However, with proper preparations

a suitable trip can usually be found within a reasonable distance. Organizers should also consider that the most challenging programs can offer the greatest benefit. Planning the trip is an excellent opportunity for all participants to be actively involved in making independent and group decisions about the trip. Often, gaining confidence in one's ability to be independent goes hand-in-hand with the benefits of exercise, the aesthetic natural and pristine beauty of the areas visited, and group cohesion.

Safety

The same safety principles that apply to planning adventure trips for the general camper population apply to trips involving campers with disabilities. The key to avoiding safety problems is detailed preparation. The trip leader must develop the program by considering all possible situations. Accidents can happen, but the contingencies developed before the trip will determine whether they are inconveniences or disasters. There should be an adequate plan for handling emergency care and transportation, illness, injury, and fatigue. All participants and their families should be fully informed of all aspects of the trip, including times, dates, telephone numbers, physical requirements, and risks. A good trip leader informs the group of anticipated trip plans and details beforehand. A good trip leader makes each participant a vital part of the plan.

The trip leader should make every reasonable effort to ensure the safety of all participants on the trip. However, by definition, outdoor adventure is a risk activity. There are elements of danger inherent in all outdoor adventure trips that are beyond the control of the trip leader or professional outfitter. To remove those risks would deprive participants of the excitement inherent in the activity.

A customary practice to transfer some liability to the group is the *informed consent form*. Often, an informed consent form is included in camper registration materials. The informed consent form must be sufficiently detailed to inform participants of the inherent dangers and risks associated with the trip. The consent form does not release the trip leader from liability, but does indicate that participants and/or their parents are aware of the hazards of the trip and agreed to accept responsibility for their own actions. Participants in all activities should sign an informed consent form and participate in the trip at their own risk. For participants under eighteen years of age and those unable to understand information contained in the form, the form should be co-signed by a parent or legal guardian.

Trip Leaders

Camps generally have two options for trip leaders: guides provided by a professional outfitter and specially trained camp staff. Using outfitter guides defers many of the trip details and liability to the outfitter. The designated trip leader is responsible for pretrip preparations and information sharing. The most important aspect of planning a trip using a professional outfitter is the selection of the appropriate outfitter. Considerations should include the reputation of the outfitter, safety record, years of experience in the field and with the particular site selected, quality of professional guides, and cost. Additionally, the outfitter should have past experience in successfully modifying trips to meet the needs of campers with disabilities. In particular, camp administrators should answer the following questions concerning the selection of the best outfitter.

- Is the professional outfitter a member of the appropriate professional organization, indicating it adheres to standard safety and training procedures?
- How many years has the outfitter been in business and does the company retain its guide staff? An outfitter that cannot retain qualified guides indicates internal problems that may affect the quality of the trip.
- Is the cost consistent with other professional outfitters? Fees that are significantly lower than other outfitters may sound like a good deal, but may indicate substandard guides or equipment.
- Are the guides knowledgeable and friendly? The quality of the guides directly impacts the group's experience. Meet the guide staff. Face-to-face contact can be a deciding factor in choosing the outfitter that is right for the group.
- Have other groups had a positive experience with the outfitter? Consult with friends and colleagues about outfitters used for other groups.
- Is the equipment state-of-the art? State-of-the-art equipment provides for safe, comfortable trips and reduced liability.
- Is the transportation safe and reliable? Many trips require transportation to access beginning and ending points. Determine that the outfitter will be reliable in adhering to the predetermined schedule and that the members of the group will be comfortable and safe.
- What trip options does the outfitter provide? Some outfitters provide options from equipment only to a full package (guides, transportation, equipment, and meals) based on the needs of the group.

Many camps choose to hire and train their own trip leaders, rather than use a professional outfitter. It is important that the camp adhere to the same principles previously outlined, including adherence to appropriate professional organization standards, adequate training of camp staff, state-of-the-art equipment, and safe and reliable transportation.

Other Staff

Putting together a team of people who can be trusted will go a long way toward making the job of the trip leader easier. It is certainly an advantage to have staff who either know the participants or are familiar with their particular abilities or disabilities. Ratios of campers with disabilities to staff should be determined by factors such as the amount of assistance necessary and the functional level of the group. A fairly high functioning group of campers may be fine at a 3:1 or 4:1 camper-to-staff ratio, whereas a group with campers who have sight impairments may require a lower ratio plus a buddy system pairing the campers with sighted peers. The trip leader needs to examine all situations that might arise and make a sound decision based on his or her professional judgment.

As in any trip, it is important that the staff include persons with technical expertise (e.g., experienced backpackers, climbers, campers, canoeists, and etc.). At least one person should hold

Figure 21. Sample Checklist for Planning a Backpacking Trip

- ❑ Decide on objective of the trip
- ❑ Determine trip budget
- ❑ Describe trip in camp brochure or registration materials
- ❑ Recruit and train staff
- ❑ Select group participants
- ❑ Schedule a meeting of the group to discuss the location of the trip, specific date and time, and individual participant responsibilities
- ❑ Decide on a backpack trail and accessible campsite
- ❑ Evaluate the trail prior to the trip for steepness, switchbacks, and water
- ❑ Make reservations if necessary
- ❑ Meet with the group to plan
  - menu (keep it simple and nutritious)
  - equipment
  - transportation needs
  - assign partners and determine responsibilities
  - plan campfire games and songs
- ❑ Upon arrival at base campsite
  - put up tents first and secure campsite
  - collect firewood
  - prepare cook site
  - distribute equipment to each backpacker
  - explore area around campsite
- ❑ Discuss tomorrow's hike
  - how far you will go
  - what to do if there are problems; how to solve them
  - emergency procedures
- ❑ Pack backpacks
- ❑ On the day of the hike
  - check that everyone is wearing proper shoes and socks
  - ensure backpacks are loaded correctly
  - keep breakfast simple
- ❑ On the hike
  - start off with an easy pace (everyone will be excited)
  - have participants enjoy the trip: the goal is not to survive, but to have fun
  - identify leaves, trees, birds, animals, plants, and other items of interest
- ❑ Carry out anything you brought in with you
- ❑ At the end of the trip collect all equipment; dry pieces as necessary
- ❑ Plan a wrap-up session to talk about the trip and share stories

certification by a recognized professional organization. Additionally, at least one staff person should hold current CPR, First Aid, and Emergency Medical Service certification. In cases of individuals with severe disabilities, the trip leader should consider adding a nurse, therapist, or physician to the group. For those campers who require a care provider in their everyday life, consider bringing that care provider on the trip. This not only improves medical and self-help care, but if the care provider engages in the activity, it increases the likelihood of participation in future trips.

The Group

Side-by-side with staffing considerations is the task of examining the nature of the group. The group may be predetermined through recruitment If possible, form a group with like ability levels. That will tend to keep the group together rather than cause separation due to vast differences such as walking speed or stamina. Determine the size of the group according to group needs, keeping in mind that too many people can easily detract from the total group experience. A group of six or fewer participants is a good number for a novice group.

Site Selection

The appropriateness of a site depends upon the nature of the group. For example, a group that includes campers with mobility impairments requires a nearly completely accessible trail for a successful hiking trip. A group that includes campers with developmental disabilities may require a site on which campers can master different skills at a controlled pace. Trip leaders should look closely at the degree of difficulty of the trip, similar to organizing a trip with first-time recreators. Questions for the trip leader to answer include:

- Have I visited this site and am I familiar with it?
- Is the trail full of steep climbs and switchbacks? Or is it a relatively level lake trail?
- Are drop-off and pick-up points accessible?
- Have I done this activity before myself?
- What level of skill is required to successfully participate in the activities I've planned?
- How long is the trail and what is the anticipated trip time?
- How much sun exposure will participants receive?
- What is the distance to the nearest safe shelter?
- What is the availability of emergency medical services?

To answer many of these questions, a trip leader can refer to resources such as land owners, managers of local outdoor stores, outdoor groups such as the Sierra Club, program resource libraries, and rangers at the areas to be visited.

A critical issue to answer on any outdoor adventure trip is the desire to balance accessibility with participation in a natural outdoor setting. The level of functional ability of the participants and the staffing assistance available will be determining factors in this decision.

Clothing and Equipment

There is a great deal of information available on selecting clothing and equipment. The trip leader should research the type of equipment necessary for each particular trip. Local resources are often a ready source for this information. The trip leader should decide what the participants will provide and what the trip leader will provide. Consider providing everything from backpacks, tents, and stoves to sleeping bags, pads, rain gear, and canoes.

Program

It is best for the participants to meet as a group prior to the trip. When group members give input into the entire process, they enjoy more of the fun and benefits of the trip. In many cases, the trip will be a first-time experience for many of the participants; they might respond best to a short trip that does not rush things, helps participants get acclimated to the outdoors, and allows plenty of time to organize equipment.

Trips designed to be longer than an overnight trip require greater preparation, anticipation of possible problems and solutions well in advance of the trip, and a flexible trip leader who approaches all challenges with a positive attitude.

The program should involve a series of sequential small successes. That is, activities that meet small, easily obtainable challenges followed by increasingly more difficult challenges. For example, a hiking and camping overnight to an area park might involve the following elements.

- A short hike around the camp grounds, followed by a series of increasingly longer and more difficult hikes in the camp.
- A session on packing gear for the trip.
- An out-of-camp hike, requiring the carrying of some gear.
- An overnight trip in a controlled area of the camp.
- An overnight trip in a controlled area outside of the camp.
- A day trip to the area park.
- A hiking and camping overnight trip to the area park.

The goal of an outdoor adventure program for campers with disabilities should be the eventual inclusion of the campers into activities with peers who do not have disabilities. This is best accomplished when the trip leader carefully organizes the program to take advantage of the capabilities of all participants. The following suggestions may facilitate the process.

- Place participants and activities in a real world context, not contrived situations. Outdoor recreation is a powerful tool because nature is uncompromising. Campers must learn how to work cooperatively to realistically appraise capabilities and limitations.
- Adapt activities only when necessary. Adaptations can inhibit integration with peers.

- When modifications are necessary, adapt equipment rather than the activity. Preserve the inherent risks that make the activity challenging.
- Ask campers with disabilities to assume responsibility as a part of the group. Being a part of the group means each person is responsible for the success of the group in meeting established goals. When group members accept responsibility for their actions, they learn to take control of their lives.

Resources

Organizations that provide outdoor adventure activities for individuals with disabilities

Alternate Mobility Adventure Seekers (AMAS)
Boise State University
1910 University Drive
Boise, ID 83725
208-385-3030

Bay Area Outreach and Recreation Program, Inc. (BORP)
605 Eshleman Hall
Berkeley, CA 94720
415-849-4663

Breckenridge Outdoor Education Center
P.O. Box 697
Breckenridge, CO 80424
303-453-6422

Camp ASCCA-Easter Seals
P.O. Box 21
Jackson Gap, AL 36861
205-825-9226

Challenge Alaska
Pat Reinhart
P.O. Box 110065
Anchorage, AK 99511-0065
907-563-2658

Cooperative Wilderness Handicapped Outdoor Group (C.W. HOG)
Box 8118 Student Union
Idaho State University
Pocatello, ID 83209
208-236-3912

Durango/Purgatory Handicapped Sports Association
P.O. Box 1884
Durango, CO 81320

Environmental Traveling Companions (ETC)
Fort Mason Center
Building C Room 360
San Francisco, CA 94123
415-474-7662

Nantahala Outdoor Center
41 Highway 19 West
Bryson City, NC 28713
704-488-2175

National Handicapped Sports (NHS)
451 Hungerford Drive Suite 100
Rockville, MD 20850
301-217-0960

National Sports Center for the Disabled
P.O. Box 36
Winter Park, CO 80482
303-726-5514

North American Riding for the Handicapped Association (NARHA)
P.O. Box 33150
Denver, CO 80233
303-452-1212

Paraplegics on Independent Nature Trips (POINT)
4101 Cummings
Bedford, TX 76021
817-267-3029

Recreation Unlimited, Inc.
3131 Chinden Blvd.
Boise, ID 83714
208-336-3293

Shake-A-Leg
P.O. Box 1002
Newport, RI 02840
401-849-8898

Shared Outdoor Adventure Recreation (S.O.A.R.)
P.O. Box 14583
Portland, OR 97214
503-238-1613

Skiforall Foundation
4105 East Madison Suite 3
Seattle, WA 98112-3231
206-328-3732

Special Populations Learning Outdoor Recreation & Education (S'PLORE)
699 East South Temple Suite 120
Salt Lake City, UT 84102
801-363-7130

Wilderness Inquiry II
1313 Fifth Street SE Box 84
Minneapolis, MN 55414
612-379-3858

Sailing

Mike Currence
East Seal Society of Tennessee

John Todd and Sarane McHugh
Easter Seal Society of Del-Mar, Maryland

A camp sailing program is a wonderful activity to improve campers' physical skills and self-esteem. Sailing provides campers with the opportunity to become an active part of a team through sail trimming, steering, and the use of a variety of sailing equipment. Additionally, a sailing program allows campers to participate in activities that require the group to work together as a team to achieve success.

A model sailing program is based on the premise that all participating individuals benefit. The primary focus of a model program is to provide a fun sailing experience for campers that is challenging and rewarding in an environment that ensures the campers' safety and comfort. Campers take part in the sailing of a boat, including steering, sailtrimming, and the use of a compass. They realize the positive results of teamwork as well as the importance of following the instructions of a team leader (the captain).

Camp sailing staff should develop guidelines and procedures that address staff qualifications, equipment, sailing area, and skills that campers will need to master. Campers should be involved in making choices, including whether or not to go sailing, whether to sit in the cockpit or in the cabin, and whether to steer, sailtrim, or just enjoy the trip. Camp staff should demonstrate sound environmental practices and appreciation of the surrounding waters, such as using sail/wind power, solar power for communications, and trash removal, while enjoying the thrill of sailing.

Safety

Campers' safety is always the first concern in designing any sailing program. Before any camper is permitted to participate in the sailing program, the following criteria should be met.

- Staff members should know the abilities and limitations of each participating camper.
- Participants in the sailing program must have prior approval from their physician and the camp nurse, as indicated on the camp medical form. The camp life guard should assess the swimming skills of each camper and agree that the camper has the prerequisite swimming skills to participate in the program.

- All sailing participants should wear personal flotation devices at all times, including time spent in the dock area. Additionally, campers must be capable of righting themselves in the water while wearing the personal flotation device.

Other safety rules and considerations include the following.

- At least one certified lifeguard should sail with the campers.
- Once on the sailboat, campers should be made secure and comfortable. For safety reasons, disconnect wheelchair seat belts while campers are in the immediate vicinity of the water, including on the dock, near the dock, and aboard the sailboat. Should a wheelchair fall, roll, or accidentally be pushed into the water, a connected seat belt might cause the wheelchair to act as an anchor, pulling the occupant underneath the water. The weight of the wheelchair can counterbalance the buoyancy of the personal flotation device, making the probability of accidental drowning extremely high. If assistance is needed to support a camper in a wheelchair with a disconnected seat belt, it should be provided by a staff member.
- In the case of a person overboard, staff should throw a personal flotation device to the camper, let all the sails go loose, stop the motor, and turn the boat into the wind. If the person overboard needs assistance, the boat captain should take charge. The captain may defer this responsibility to the certified lifeguard on board.
- Lower lifelines to transfer campers aboard the sailboat. Reposition lifelines before the sailboat leaves the dock.
- Campers should remain seated in the cockpit or below the deck.
- The crew should be aware of potential hazards on the boat, such as the possibility of hands, fingers, and hair becoming caught in moving equipment.
- Some campers with disabilities are easily dehydrated, particularly in wind and sun. Staff should be certain that campers are kept hydrated at all times.
- Sailing trips should be terminated and the boat returned to the dock at the onset of thunder or lightning.

Staff

In general, camp sailing staff should have three to five years of sailing experience with boats comparable to those used in the camp program. At least one sailing staff member should have current CPR and First Aid certification. All staff should have appropriate lifeguard and water safety training and certification.

When including campers with disabilities, staff should receive training regarding the abilities and limitations of people with disabilities in the sailing environment. This training can be provided by the camp nurse or a therapeutic specialist during camp orientation. Learning the special considerations of campers with physical, mental, and sensory limitations will help staff make any needed modifications to sailing activities.

Accessible Facilities and Equipment

The sailboat used at Fairlee Manor Recreation and Education Center in Maryland is a 1976 Balboa fiberglass sailboat, twenty-seven feet long by eight feet wide, with a thirty-two-inch draft with the centerboard up. The boat is equipped with a main sail and jib, aluminum mast and boom, outboard motor installed on a retractable motor bracket, porta-potty, VHF radio, battery with solar cells (to keep the battery charged), first aid kit, and a compass. The cabin consists of three berths, sink, counter, and toilet with a privacy curtain.

Adaptation of equipment for a sailing program is often limited by budget. The following are some low cost suggestions.

- Pillows and cushions may help campers, particularly those with physical disabilities, be more comfortable and secure on the sailboat.
- Provide a sun shade, such as an umbrella or awning cover, for campers with sun sensitive skin.
- Consider a self-contained porta-potty, often available from camping stores and catalogs.
- Stock the boat with an appropriate supply of water, paper cups, snacks, ice, AM/FM radio, sunscreen, first aid kit, surgical gloves, and toilet paper.
- To ensure compliance with U.S. boating laws, arrange a U.S. Coast Guard Courtesy Inspection before beginning a sailing program.
- Often, the most difficult aspect of conducting a camp sailing program including campers with disabilities is boarding and debarking the sailboat. Some campers will be able to walk aboard, others will require a transfer in and out of wheelchairs. The best insurance for successful boarding is to include in the sailing crew two staff members who are trained in proper transfer and lifting techniques.

Resources

O'Brien, L. 1995. Waterfront certification changes. *Camping Magazine* 67 (3): 25-29.

Kantor, J. 1995. Ready-made sailing: Using community programs. *Camping Magazine* 68 (1): 31-32.

Footloose Sailing Association
A chapter of Disabled Sports, USA. Brings sailing as a recreational and therapeutic outlet to people of all disabilities.
2319 North 45th Street, #142
Seattle, WA 98103
206-382-2680

Martin Yachts Ltd.
Manufactures a trailerable day sailer accessible to all sailors with mobility impairments.
302-2350 West First Avenue
Vancouver, B.C.
V6K 1G2
604-731-7338

Shake-A-Leg
Classes, clinics, regattas, and club activities for children and adults with disabilities.
P.O. Box 1002
Newport, RI 02840
401-849-8898
or 305-858-5550

US Sailing / Community Sailing Council
Certifies instructors in sailing, windsurfing, keelboating, CPR and First Aid.
Publishes a directory of public access sailing programs throughout the United States.
P.O. Box 209
Newport, RI 02840-0209
401-849-5200

Swimming

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Camp Ability, Genesee County Easter Seals, Michigan

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Camp ASCCA-Easter Seals, Alabama

Swimming is a wonderful aerobic exercise for all campers and provides an exciting medium for fun, fitness, and recreation. A well organized and administered swimming program can be an asset to the overall camp program.

Swimming is a normalizing activity for campers with disabilities, especially those with limb involvement. Due to the buoyancy effect of the water, campers with disabilities can do many things in the water that they are unable to do on land. A camper who uses a wheelchair may be able to swim as well as an able-bodied peer. Campers who are dependent upon wheelchairs, crutches, walkers, or other aids to ambulate, love the freedom of movement allowed by the aquatic environment. For these campers, swimming provides the opportunity to freely change and readjust their position in space and to experience their environment in an upright position. During most activities, campers learn to move by making a counter-gravitational adjustment. Muscular strength becomes less of a critical factor in movement, permitting a range of motion not possible out of the water. Buoyancy allows campers to focus on localized muscle movement, reducing the need to concentrate on weight bearing changes. Improving the use of the muscles enhances circulation, improves respiration, and provides an opportunity for campers with disabilities to improve their self-image and focus on their abilities.

Safety

Swimming should be an integral part of all camp programs. Whether the program is conducted in a pool or lake, it should be designed with the safety of all participants as the primary concern. This includes safety in the locker rooms and pool area or beach and dock areas. Areas of primary safety concern are around entrances and exits. Consideration must also be given to accessibility to and from the swim area for those using wheelchairs, walkers, canes, or crutches.

Swimming may be instructional or recreational in nature. Properly trained and certified pool or waterfront personnel should always be on duty when swimmers are in the pool area. Always use a system for checking campers, such as a buddy system or a tag board. Water safety involves the certainty that all campers are aware of the dangers of the area, understand all rules concerning use of the area, and follow those rules exactly. A safe swim program is well organized, well administered and

provides the participants with a fun and healthy activity.

A swimming program that includes campers with disabilities is organized the same as any safe swimming program, with all campers being included at the same time. Initially, campers should be divided by skill level in the water. This can be determined by questioning campers and their parents about their swimming skill level and then administering a swimming assessment before the actual program begins. If the camper has never been in the water before, an adult assistant should enter the water with the camper and remain while assessing the individual's abilities in the water. Ideally, this adult has some training in working in the water with individuals with disabilities.

Campers with disabilities can participate in the same swimming activities alongside peers. They should be grouped for swimming by their ability in the water, not by their disability. An ideal buddy system pairs two swimmers: one swimmer with a disability and one swimmer without a disability, both at the approximate same swimming skill level.

Occasionally, a responsible adult must accompany a swimmer with a disability in the water. This need is determined by the severity of the camper's disability and the swimmer's ability to control and right himself or herself in the water.

Special flotations may be used to support proper body position in the water and to ensure safety for those with poor head control. Parents or guardians will usually know what assistance is needed in the water in terms of flotations and physical assistance. Campers who are prone to seizures may want to be identified by wearing a colored cap or arm band.

Staff

Certified water safety personnel are critical to a sound swimming program. The American Red Cross offers a number of aquatics certification programs including Lifeguard Training, Advanced Lifesaving, Water Safety, Cardiopulmonary Resuscitation (CPR), and First Aid and Safety. The YMCA also offers aquatics certification programs.

When working with campers with disabilities, it is helpful for swimming staff to have training in adapted aquatics. The American Red Cross and YMCA both offer programs to assist camp swimming staff in working with campers with disabilities. The Aquatics Council of the American Alliance of Health, Physical Education, Recreation, and Dance (AAHPERD) is the only national organization offering credentialing in adapted aquatics. Certification involves a course in adapted aquatics, CPR certification, and certification in water safety instruction.

Contact the American Camping Association for a current list of recommended aquatics and other water safety certifications.

Instruction

When working with campers with a hearing impairment, emphasize instructor demonstrations. Campers should be positioned so the instructor is in view at all times. Instructors who do not know sign language should demonstrate skills and establish a set of communication signs. Most campers with hearing impairments will understand skill instructions, especially if they can see what the other swimmers are doing. Remember that a camper who uses hearing aids will probably not wear them in

the water, and thus must rely on hand signals.

Campers with visual impairments will respond to explanations and voice commands. Many of these campers learn quickly through physical prompting (touching) of appropriate body parts. For example, the instructor may manually manipulate the camper's limbs in the proper pattern (such as standing behind the camper and moving the arms through the proper motion for the front crawl stroke or moving legs in the proper pattern, while the camper holds on to the side of the pool). Alternatively, the instructor may guide the camper through the swimming stroke, letting the camper feel the instructor's arms and legs as he or she demonstrates the stroke. When entering the pool, campers with visual impairments should hold onto the instructor's elbow and walk a half-step behind.

For campers with mental impairments, keep explanations short and simple and provide time for frequent review and repetition. The key to success is the attitude of the instructor and his or her relationship with the camper. Emphasis should be on demonstrations, with an abundance of encouragement and consistent positive reinforcement.

Some campers with physical disabilities may need assistance in returning to a standing position after swimming. The camper's buddy can usually assist. Lifting at the armpits and pushing the shoulders forward is an effective lifting position from the back float position. From the prone position, the swimmer should be allowed to put his or her hands on the hands or shoulders of his or her buddy for stabilization.

The following suggestions may be useful in adapting existing swimming programs to include campers with disabilities.

- AAHPERD, American Red Cross, and YMCA adapted aquatics programs encourage instructors to look beyond the camper's disability and focus on his or her ability. Adapt strokes to match the functional ability of each camper.
- If possible, allow persons with disabilities to enter the water by themselves. Staff should ask campers how they would like to enter the water.
- Since many campers with disabilities have never been introduced to water activities, it is important to proceed slowly. A first step is to ascertain the level of camper ability in the water and then determine the skills that the camper will be taught.
- The camper-staff relationship in the water depends primarily on trust. Progress develops when fear and apprehension subside. Campers should be involved in all decisions regarding activities including activity selection, swimming movements, and head submerging.
- Determine each camper's ability to lift his or her head out of the water and to return to a standing or vertical position without assistance. Do not let a swimmer get into a face down floating position until the swimmer has demonstrated the ability to get into a breathing position (head up, on the back, or in a vertical position).
- If a camper has limited head control, common in persons with cerebral palsy, use a flotation device that helps keep the swimmer on the back or in a vertical position and keeps the face out of the water. Although the camp should be prepared to provide flotation devices, individuals may have a special flotation device brought from home.

- Instructors should maintain visual contact with campers at all times and never leave them unattended in the water.
- Consider water adjustment activities as lead-up activities to swimming instruction; conduct them before teaching actual water safety and swimming skills. Adjustment activities include sitting or walking in the water, getting the face and head wet, blowing bubbles with only the mouth in the water, and learning to feel comfortable in the water. Simple play activities are of great value at this point.
- Teach these water safety skills first:
  — rhythmic breathing or bobbing
  — front float and the return to a vertical position
  — back float and the return to a vertical position
  — rolling over
  — turning around
- Some campers with disabilities have a short attention span. Staff should plan short activities, varying the skill or the teaching method frequently.
- Instructors should always tell campers in advance what they are going to do, without making any sudden movements. Campers should be reassured at all times that the instructor will not allow them to be harmed.
- Ask a camper before offering physical assistance. Some individuals with disabilities reject physical contact. They are easily startled by unexpected contact and may want only the minimum physical assistance necessary. However, for a camper experiencing water activities for the first time, reassurance from the staff may be comforting.
- Swimming instructors should not let campers grab them around the neck. In the water, campers may hold on to the instructor's arms, hands, or shoulders. In general, staff should hold onto the camper rather than allowing the camper to hold onto them.
- Swimming instructors should be firm, but flexible. Working within swimmers' abilities will keep them interested while fostering independence in the water. Campers should be encouraged, not forced, to try new skills. When in doubt, instructors should ask advice from those who have been trained to work in the water with persons with disabilities.
- Shouting, splashing, rapid movements, and unexpected movements are generally out of place when working with campers with disabilities.
- Many times campers who are unable to walk on land are able to walk in chest deep water. This water activity can provide these campers a feeling of independence.
- Moving in the water is an excellent medium to strengthen leg and arm muscles. Instructors should encourage water fitness activities, but should not let campers get too tired. A camper may need to hold someone's hands for stability when conducting water fitness activities.
- Staff should be aware that persons with paralyzed limbs may have no feeling in those limbs.

Therefore, it is important to prevent limbs from scraping or hitting doorways, docks, or sides or bottom of the swimming area, as injuries may occur. Having campers wear socks is a preventative measure to reduce scraps and abrasions on paralyzed legs.

- A water temperature of eighty-two to eighty-six degrees is often desired to prevent muscle spasms and contractures in campers with physical disabilities.
- A person with restricted limb functioning or poor motor skills may not be able to perform a stroke in the prescribed manner. Instructors should allow those campers to experiment and discover the best way to perform the skill. Avoid making campers feel awkward if they cannot perform skills as well as other campers.
- Deserved praise goes a long way in assisting campers with disabilities achieve new skills.
- Never leave campers in the pool unattended.
- Staff should be aware of medical problems (e.g., illness, allergies, injuries, ear problems, etc.) that preclude or modify swimming for a particular session.
- Diving and prolonged underwater swimming can produce increased pressure on the head. These activities are generally not recommended for campers with head injuries, hearing impairments, seizure disorders, or cerebral palsy.
- Dressing and undressing is an integral part of every swimming program. Campers should change into dry clothes promptly after leaving swimming. Do not be allow them to sit in wet swimming suits for prolonged periods of time.
- Monitor the length of the swimming session. Watch for signs of chilling and fatigue—common for many individuals with disabilities, particularly those with physical limitations. Children generally chill quicker than adults. Thin children chill quicker than heavier children.
- At the first signs of chilling, remove swimmers from the water. Have towels readily available. At no time should campers sit on the side of the pool in wet swimming suits waiting for the session to end, even with a towel draped over their shoulders. Campers should be dried quickly to avoid respiratory and skin problems.
- Although some campers may need assistance getting dressed, staff and peers should provide only as much assistance as is absolutely necessary or is requested by the camper.

Accessible Facilities and Equipment

Safety is always the most important concern in planning facilities and using equipment. In general, safety considerations appropriate for swimming pool and lakefront swimming areas are the same when serving all populations. The following suggestions may be useful in planning inclusive programs.

- Develop a written plan, familiar to all staff, regarding pool emergencies.
- Do not allow glass and other breakable objects around the swimming area.

- Carefully monitor campers with a recent history of seizures. Some campers should wear personal flotation devices at all times during swimming activities.
- Assist campers as needed to walk on wet pool decks. However, do not carry campers from dressing rooms to the pool deck; this creates a dangerous situation for both campers and staff. In fact, if carrying a camper is needed because of inaccessibility to the pool or waterfront area, the site may be in violation of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Use wheelchairs to transport nonambulatory campers. When using wheelchairs, be sure to lock the wheels in place before campers are removed from or returned to their chairs.

Pools should be accessible for all individuals, regardless of disability. Ideally, the pool should have a shallow end that allows easy access for individuals with mobility impairments. Pools without an easy access area may need to be equipped with a special ramp or lift to allow individuals with physical limitations the opportunity to use the pool. Swimming pool areas should have entrance doors that allow access by individuals using wheelchairs.

Locker rooms should have a wheelchair accessible toilet stall and at least one shower equipped with grab bars and a shower seat. Benches, chairs, and dressing tables may also be needed in the shower room. Hair dryers, shower handles, sinks, drinking fountains, and door handles should be at an appropriate height for wheelchair users. Ensure that locker room floors, pool decks, and docks are not too slippery for canes, crutches, and walkers. Ramp door sills for wheelchair use.

Waterfront areas can be made more accessible with a paved (but not slippery) surface that leads to the end of the dock and is even with the height of the end of the dock. If a dock is not used, a paved path on one side of the beach, close to the water's edge, will make it more accessible.

A major equipment adaptation for swimming is adapted swim flotations designed for individuals with special needs. One supplier, Danmar Products, will custom make items to fit a particular need.

Instructors will find the inclusion of individuals with disabilities of great benefit to all campers and staff. Campers with disabilities often experience an increase in self-esteem and confidence, while campers without disabilities increase their awareness of the "sameness" of persons with disabilities to themselves and establish friendships with some really wonderful people. Accessibility adjustments to facilities will make it easier for all people to use them and will not hamper normal activities.

Above all, staff should remember that each camper has individual differences. Instruction should be designed to meet those different abilities through a progressive, positive program.

Resources

O'Brien, L. 1995. Waterfront certification changes. *Camping Magazine* 67 (3): 25-29.

American Camping Association
5000 State Road 67 North
Martinsville, IN 46151-7902
765-342-8456

American Red Cross
Aquatics certification programs
8111 Gatehouse Road
Falls Church, VA 22042

Aquatics Council of the American Alliance of Health, Physical Education, Recreation, and Dance (AAHPERD)
Adapted aquatics certification programs
1900 Association Drive
Reston, VA 22091
703-476-3400

Danmar Products
Custom-made adapted swim flotations
221 Jackson Industrial Drive
Ann Arbor, MI 48103

YMCA
Aquatics certification programs
101 N. Wacker Drive
Chicago, IL 60606-7386

Technology

Todd Lowther
Easter Seal Society of Colorado

The explosion of computer and other assistive technology presents new opportunities for enriching the camp experiences for children and adults with and without disabilities. Specifically, technology provides opportunities for campers with disabilities to participate more equally and fully with their peers in the camp community. There are many ways in which to use technology to serve campers with disabilities. For example, a camper with paralyzed legs can match wits with peers in a computer simulated environment or game. A nonverbal camper can use a computerized speaking device to communicate with peers.

Since physically using technology often requires the assistance of partners, camp sessions featuring technology present an excellent opportunity for campers with and without disabilities to work and play together. A brother, sister, or friend can participate in the camp and assist the camper with a disability in using a computer or alternative communication device. When the camper with a disability returns home after camp, there is a "trained" partner to continue the communication effort at home, at school, and in the community.

Sessions featuring computer instruction or use of alternative communication devices also present inservice education opportunities for therapists, teachers, and other professionals. The rich diversity and excellence in camp programs provides an incentive to stimulate communication. "I caught a fish!" echoing from a synthetic communicator conveys the same excitement as a human voice, perhaps even more important to someone who has never spoken before.

Computer and technology camps for campers with and without disabilities take many forms. One camp might be structured with computer instruction as the main focus of the program, supplemented by traditional camp activities designed to enrich the experience and motivate the camper. Another camp might feature the alternative communication needs of children who are nonverbal, with friends or siblings as technology buddies to assist with programming and operation of communication devices. In either case, the camp setting offers a unique and positive learning environment to facilitate such programs.

Some camp professionals question the appropriateness of computers and technology within camping, a field with such natural roots. For the child who has never talked and has no recognizable voice, technology offers the opportunity to be more like peers and friends. This type of normalization

often occurs much faster, and with a prolonged impact on young people, in a camp setting. The possibility of a nonverbal camper finally having the chance to become a part of the cabin gossip, participate in camper small talk, tell stories, or add a new verse to the camp song has the potential of facilitating independence and promoting inclusion. Technology is an important tool in developing those experiences.

Some examples of technology programs that have worked in Easter Seal camps include the following. These programs often involve campers with disabilities and their siblings and friends.

- A two-week computer camp during which campers compile individual portfolios.
- A two-week writing workshop where individual work is compiled into a camp magazine.
- A one-week augmentative communication camp where siblings and professionals help teach individuals with disabilities how to use adaptive communication and technology devices.
- A one-week computer camp where campers learn to use computer program applications commonly used at school.
- A four-week speech and language camp featuring traditional speech therapy and technology assisted augmentative instruction.

Figure 22. Checklist for Conducting Technology Programs

- ❑ Accept that technology and computer instruction is a legitimate camp activity.
- ❑ Decide which type of technology program to conduct.
- ❑ Seek alliances with local schools to provide loaned equipment.
- ❑ Seek program sponsorship from hospitals, local speech and hearing associations, civic clubs, and universities.
- ❑ Arrange college and university credit for participating professionals.
- ❑ Target potential campers and volunteers.
- ❑ Contact vendors to sponsor camps and/or provide loaned adaptive equipment and augmentative communication devices to introduce campers to different types of technology and adaptive equipment.

Staff

College students are an excellent source of volunteers for technology camp programs. Many college students possess the technology skills needed to assist campers in using computers and augmentative communication devices. Professional educators and therapists may also be available to assist with computer instruction, especially if practica or internship credit can be arranged with local

colleges and universities. Other professional organizations and hospitals may be available to sponsor technology camps or provide assistance in conducting camps. Many successful Easter Seal technology camps have used a combination of full-time staff, professional educators and therapists, and a variety of other volunteers.

Accessible Facilities and Equipment

Classroom or instructional areas used in technology camps should be accessible for campers using wheelchairs or other ambulatory aids. Most computers can be readily adapted for use by those with different methods of accessing the equipment. Specialized key guards, single switch access devices, enlarged type on large monitors, voice-activated computers, educational software, adapted keyboards, and speech synthesizers are just a few of the adaptations that make computers accessible to campers with disabilities.

Technology can provide the "equalizer" to allow an individual with a disability to communicate with friends, peers, and family. Using the camp setting to stimulate such communication promotes enhanced opportunities at home, in the community, and in schools. Technology camp programs can provide campers with the skills to facilitate independence and inclusion.

Resources

Camps with Technology Programs

Camp Easter Seal East and West
P.O. Box 5496
Roanoke, VA 24012
703-362-1656

Camp Merry Heart
Easter Seals of New Jersey
21 O'Brien Road
Hackettstown, NJ 07840
908-852-3896

Center for Adapted Technology
Colorado Easter Seal Society
5755 West Alameda Avenue
Lakewood, CO 80226
303-233-1666

Hemlocks Recreation Center
Easter Seal Society of Connecticut
P.O. Box 198
Hebron, CT 06248
203-228-9496

Rocky Mountain Village
Chris Newell
P.O. Box 115
Empire, CO 80438
303-892-6063
http://www.coeastseal.org

Talking with Technology Summer Camp
The Children's Hospital
Tracy Kovach
1056 East 19th Avenue
Denver, CO 80218-9784

DO-IT Summer Camps
Washington Easter Seal Society/ University of Washington
4545 15th Avenue NE, Room 206
Seattle, WA 98105-4527
206-685-3648
doit@u.washington.edu

Other Easter Seal Assistive Technology and Camp Services
http://www.seals.com

Vendors

Closing the Gap
Trace resource book
P.O. Box 68
Henderson, MN 56044
507-248-3294
507-248-3810 fax

CO:Nect
Disabilities-related bulletin board system
303-274-9174

Don Johnston
Adapted keyboards, software, speech synthesis
P.O. Box 639
1000 North Rand Road, Building 115
Wauconda, IL 60084-0639
800-999-4660
708-526-4177 fax

Edmark
Adapted keyboards, software, speech synthesis
P.O. Box 97021
Redmond, WA 98073-9721
800-362-2890

IntelliTools
Adapted keyboards, software, speech synthesis
55 Leveroni Court, Suite 9
Novato, CA 94949
800-899-6687
415-382-4950 fax

Laureate
Adapted keyboards, software, speech synthesis
110 East Spring Street
Winooski, VT 05404-1898
800-562-6801
802-655-4757 fax

Prentke-Romich
Augmentative communication devices
1022 Heyl Road
Wooster, OH 44691
800-262-2984
216-263-4829 fax

Sentient Systems Technology
Augmentative communication devices
2100 Wharton Street
Pittsburgh, PA 15203
800-344-1778
412-381-5241 fax

Trace Research and Development Center
Trace resource book
S-151 Waisman Center
University of Wisconsin—Madison
1500 Highland Avenue
Madison, WI 53705-2274
608-263-2309
608-262-8848 fax

Zygo Industries
Augmentative communication devices
P.O. Box 1008
Portland, OR 97207-1008
800-234-6006
503-684-6011 fax

Winter Activities

Ken Saville
Wisconsin Easter Seals Camp

Two inches of fresh snow fell last night, the temperature is twenty-six degrees, the sun is out and the wind is calm. What a great day to travel to camp for a day or overnight of outdoor activity! While many people prefer the warm indoor setting, outdoor winter programs can be both exhilarating for campers and productive for camps whose primary operating season is restricted to the summer months.

Camps in cold weather areas of the country can develop a variety of outdoor winter programs to meet the needs of consumers and campers from their local and extended communities. Some activities can be held right on the camp site, while others require off-camp trips.

Winter adventure programs suitable for campers with disabilities include alpine skiing, cross-country skiing, sledding and tobogganing, curling, ice fishing, and winter camping.

Alpine (downhill) Skiing

Alpine skiing is a popular winter sport for many people, including those with disabilities. Although most camps do not have alpine skiing facilities on site, many camps are within reasonable travel distances to a skiing facility. Often, camps and local recreation departments conduct cooperative programs with ski facilities to secure qualified staff, provide lessons and staff training, arrange travel, and provide equipment. While some ski facilities will reserve times and selected sites on the mountain for groups, many camps prefer to be included in regular ski programs.

A variety of specialized equipment has been developed to provide alpine skiing opportunities to people with disabilities. Sit-skis or sit-sleds allow individuals with limited lower body ability, but good upper body strength, to ski. Three-track skiing is available for campers with one functioning leg and two functioning arms. Four-track skiing is available for individuals with the ability to stand independently or with the assistance of outriggers. Tether skiing allows persons with visual impairments to ski with the assistance of a lead skier connected to the skier with a tether rope. Many commercial ski facilities are now accessible, facilitating inclusion. Most facilities are also receptive to making special accommodations. Alpine skiing can offer an exhilarating outdoor experience to people with and without disabilities.

Cross-Country Skiing

Cross-country skiing is an activity that may be offered as an on-site camp program for camps in areas with winter snowfall, or as an off-camp program for camps where snow is not common. For on-site programs, there should be six to eight inches of snow and some flat to mildly hilly terrain. Cross-country skiing requires some upper body strength to traverse up hills and along flat stretches. For less mobile campers, this can present special challenges; however, with reasonable modifications, most campers with disabilities can master cross-country skiing skills. For example, nonambulatory campers can use a sit-sled tethered to a companion skier. For off-camp programs, trails should be scouted and courses divided into various lengths, different levels of difficulty, and have a number of areas for rest stops. The staff should be experienced skiers since cross-country trails tend to be located in remote areas with limited communication links. Staff should always carry a first aid kit, including supplies that meet campers' medical needs. Additionally, staff should carry two-way radios and/or cellular phones, either of which can often be obtained on a free-loan basis from area service equipment providers.

It can be a challenge to include cross-country skiing for people with disabilities in the camp program; however, there is no better way to enjoy the beauty of a winter scene than to go on a cross-country skiing adventure. The chance to see snow-draped trees, an occasional deer crossing the trail path, or a wild turkey or fox off in the distance, makes it worth the effort.

Sledding and Tobogganing

Most people enjoy the thrill of a sled or toboggan ride down a snowy hill. It is an activity that a group of campers can enjoy together. All that is needed is a fairly steep hill that can be accessed by campers with and without disabilities and a sled or toboggan. The activity is a natural for inclusion since the goal of the activity is for all members of the group to hang on tight and help support the other members of the group.

Sleds and toboggans are generally inexpensive and easy to obtain. It is ideal to have rather deep snow to help cushion the sledders from bumps in the terrain, however a few inches of snow will produce some good downhill runs. When campers with physical limitations are included, staff should be prepared to pull the sled or toboggan back up to the top of the hill. Staff also need to be cognizant of campers susceptible to chilling and frostbite since the rapid descent down the hill produces a wind effect and increases the likelihood that participants will get wet from spraying snow. Campers of all abilities can fully participate in this activity and enjoy this traditional winter experience.

Curling

Curling is a northern activity that is popular in Wisconsin, Minnesota, and Canada. It consists of a playing area on an indoor ice rink or outdoor pond and is a team game with four people per team. The game is played with a piece of equipment called a stone that weighs about forty pounds. The object of the game is to put the stone in motion toward a target. The stone that stops closest to the target scores a point. After the stone is moved, teammates run in front of the stone, sweeping the ice

with a broom to remove frost and moisture from its path, and thus helping the stone maximize its distance and accuracy. Curling is easily modified for individuals with disabilities to participate. Starting the stone in motion can be aided by ramps or guide rails. The role of sweeper can be accommodated by positioning the person with a disability down the ice, prior to the start of the stone movement. If needed, sweepers with disabilities can be assisted by a peer.

Ice Fishing

If the camp has a deep lake on site or in close proximity, ice fishing is another excellent winter program that all campers can enjoy. The only specialized equipment necessary is an ice auger to cut a hole in the ice and special fishing poles called tip-ups. Accessibility to the lake site for campers with physical limitations is the primary adaptation to consider. A pair of warm boots with extra slip-resistant threads is useful to maneuver across the ice. An ice shanty made of canvas or wood to shelter campers from wind, cold, and snow makes the program more enjoyable. Often, stoves or heaters can be safely placed within the shelter. If the lake to be used is open to the public, all staff and campers over the age of sixteen years must have a current fishing license from the state in which the lake is located. Most states offer free or discounted fishing licenses to people with disabilities. Ice fishing is an excellent camp program that can be enjoyable to any camper who enjoys traditional fishing activities.

Winter Camping

Another activity that can be programmed easily on the camp site is winter camping. This activity can, however, present serious challenges if the weather conditions include very low temperatures, high winds, high humidity, and wind chill factors. Equipment, including shelters and sleeping bags, is often expensive. In order to effectively offer winter camping as a camp activity, camps may choose to borrow or rent equipment, or ask campers to provide their own equipment for the trip.

Staff should be selected carefully, since winter camping involves specialized skills. Staff should have appropriate first aid and emergency medical training; winter camping trips present the potential for serious medical emergencies. A reasonable modification to off-camp programs is a "camp-in," using an existing camp shelter with a fireplace or wood stove. This option permits a positive overnight experience without the concern for adverse weather conditions.

Many of the traditional summer nature hiking activities are equally interesting in winter. For example, wildlife tracks are easy to spot on new fallen snow, spurring a talk about wildlife habits and habitats in the winter. Winter camping is an excellent enrichment activity to add to the overall camp program. It is a wilderness type adventure that offers the camper an exciting challenge many people long to experience.

Clothing and Equipment

What does it take to truly enjoy a winter outdoor experience? There is a certain element of risk in every winter outdoor activity. The safety and enjoyment of participants depends on preparation; the proper size and insulation value of clothing and equipment is essential.

The single most critical factor in conducting winter camp programs is clothing selection. All winter activities require the correct *layering* of clothes to keep an individual warm and dry. Some activities generate an enormous amount of body heat while other activities generate little or no additional body heat. The type of activity and the specific individual involved determine the necessary type of layering. There are three distinct layers of clothing desired for each camper: the next-to-the-skin layer, the middle layer, and the outer layer. Each layer has certain characteristics. The next-to-the-skin layer should be a lightweight thermal long underwear that permits sweaty moisture to escape while retaining considerable heat. Some experts recommend a blend of cotton and polyester. Others recommend staying away from cotton because it can hold moisture to the body and cause chilling. Polypropylene is a popular alternative. The middle layer adds a second pair of warm wool socks, boot liners, and wool or a similar shirt over the undergarment. The outer, third layer includes the proper kind of boot for the program; lightweight, wind and water resistant pants; a parka, anorak, or sweater; and appropriate headgear and mittens.

Layering is especially important for campers with disabilities who have circulation problems that make it difficult for them to keep themselves warm. Other campers may have full or partial paralysis that prevents them from feeling some of the common signs of cold and frostbite, such as the tingling and numbness that can occur in the affected area. The areas of the body where freezing of the skin most often occurs are the fingers, toes, face, and ears. It is important for campers and staff to be constantly aware of the potential for frostbite and to check regularly for other distress signs, such as uncontrollable shivering, indicating an individual's core body heat has dropped too low.

The group leader, along with each individual camper, should carefully consider the activity selected, the temperature range, possible wind and snow conditions, duration of the activity, the distance from a warm shelter, the type of camper assistance required, and any problems the camper may have in regulating body heat before selecting clothing layers for any specific activity.

Equipment is also a factor. Most, if not all, equipment and supplies should be obtained from quality manufacturers. Check that the equipment has been field tested and proven to be effective in a winter outdoor setting.

The most positive benefit of including campers with and without disabilities in winter camp programs is undoubtedly the fun and friendship that is developed from participating in the activities. Most camps have a place for people to gather around a fire with a cup of hot chocolate and share the adventures of the day. Sharing common experiences is one of the best ways to maximize personal growth and minimize differences between campers.

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Townsend, C. 1994. *Wilderness skiing and winter camping*. Camden, Maine: Ragged Mountain Press.

RESOURCES

Professional Organizations

Compiled by

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Rogue Valley Medical Center, Oregon

American Alliance of Health, Physical Education, Recreation and Dance
1900 Association Drive
Reston, VA 22091
703-476-3400

American Art Therapy Association
1980 Isaac Newton Square South
Reston, VA 22091

American Association for Music Therapy
P.O. Box 359
66 Morris Street
Springfield, NJ 07081
201-379-1100

American Association for Rehabilitation Therapy
Box 93
North Little Rock, AR 72216
501-725-9100

American Association for University Affiliated Programs for Developmentally Disabled
1234 Massachusetts Avenue NW #813
Washington, DC 20005
202-333-7880

American Camping Association
5000 State Road 67 North
Martinsville, IN 46151
765-342-8456

American Correctional Association
4321 Hardwick Road #L-208
College Park, MD 20740
301-997-4040

American Health Care Association
1200 15th Street NW
Washington, DC 20005
202-833-2050

American Psychiatric Association
1400 K Street NW
Washington, DC 20005
202-682-6000

American Red Cross
8111 Gatehouse Road
Falls Church, VA 22042

American Therapeutic Recreation Association
2021 L Street NW #250
Washington, DC 20036
202-457-0232

Association for Challenge Course Technology
P.O. Box 970
Purcellville, VA 22132
703-668-6634

Commission on Accreditation of Rehabilitation Facilities
2500 North Pontano Road
Tucson, AZ 87515
602-886-8575

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091
703-620-3660

Eastern Paralyzed Veterans Association
75-20 Astoria Boulevard
Jackson Heights, NY 11370-1177
800-444-0120

Epilepsy Foundation of America
4351 Garden City Drive
Landover, MD 20785-2267

Gerontological Society of America
1411 K Street NW #300
Washington, DC 20005
202-393-1411

Joint Commission on Accreditation of Hospitals
875 North Michigan Avenue
Chicago, IL 60611
312-642-6061

National Association of Activity Professionals
P.O. Box 274
Park Ridge, IL 60068
312-692-2564

National Association of Activity Therapy and Rehabilitation Program Directors
Box 111
Independence, IA 50644

National Association of Vocational Education for Special Needs Personnel
University of Nebraska
300 W Nebraska Hall
Lincoln, NE 65888
402-472-3417

National Consortium on Physical Education and Recreation for the Disabled
University of Virginia
221 Memorial Gymnasium
Charlottesville, VA 22903
804-924-6194

National Correctional Recreation Association
Blackburn Correctional Complex
311 Spurr Road
Lexington, KY 40511
606-254-2971

National Council for Therapy and Rehabilitation through Horticulture
92220 Wightman Road #300
Gaithersburg, MD 20877
301-948-3010

National Recreation and Park Association
3101 Park Center Drive
Alexandria, VA 22302
703-820-4940

National Rehabilitation Association
633 South Washington Street
Alexandria, VA 22314
703-836-0850

National Therapeutic Recreation Society
3101 Park Center Drive
Alexandria, VA 22302
703-820-4940

New Hampshire Camp Directors Association
P.O. Box 427
Londonderry, NH 03053

Occupational Safety and Health Administration
U.S. Department of Labor-OSHA
1375 Peachtree Street NE, Room 587
Atlanta, GA 30367

Clearinghouses for Disability Information

Compiled by

Diane Mathews
Rogue Valley Medical Center, Oregon

Clearinghouse on Disability Information
Office of Special Education and Rehabilitation Services
330 C Street SW
Switzer Building #3132
Washington, DC 20202
202-205-8241

DB LINK
National Information Clearinghouse on Children Who are Deaf-Blind
Teaching Research
Western Oregon State College
345 North Monmouth Avenue
Monmouth, OR 97361
800-438-9376

HEALTH Resource Center
National Clearinghouse on Postsecondary Education for Individuals with Disabilities
1 DuPont Circle NW #800
Washington, DC 20036
800-544-3284

Job Accommodation Network (JAN)
P.O. Box 6080
Morgantown, WV 26506
800-526-7234

National Center for Youth with Disabilities Adolescent Health Program
University of Minnesota
Box 721 UMHC
Harvard Street at East River Road
Minneapolis, MN 55455
800-333-6293

National Clearinghouse
of the Rehabilitation Research and Training Center on Aging with Mental Retardation
University of Akron
Carroll Hall #159
Akron, OH 44325
800-538-6544

National Clearinghouse on Family Support and Children's Mental Health
Regional Research Institute
Portland State University
P.O. Box 751
Portland, OR 97207
800-628-1696

National Clearinghouse on Women and Girls with Disabilities
Educational Equity Concepts, Inc.
114 East 32nd Street #701
New York, NY 10016
212-725-1803

National Information Center for Children and Youth with Disabilities
P.O. Box 1492
Washington, DC 20013-1492
800-695-0285

National Information Center on Deafness
Gallaudet University
800 Florida Avenue NE
Washington, DC 20002
202-651-5051

National Information Clearinghouse for Infants with Life Threatening Conditions
University of South Carolina
Benson Building
Columbia, SC 29208
800-922-9234

National Institute on Deafness and Other Communication Disorders
1 Communication Avenue
Bethesda, MD 20892
800-241-1044

National Rehabilitation Information Center
8455 Colesville Road #935
Silver Spring, MD 20910
800-346-2742

Special Activity Resources

Compiled by

Diane Mathews
Rogue Valley Medical Center, Oregon

Please also see **Resources** at the end of each chapter.

Adventure Programs

Blue Spruce Lodge
451 Marten Creek Road
Trout Creek, MN 59874
406-827-4762

Breckenridge Outdoor Education Center
P.O. Box 697
Breckenridge, CO 80424
303-453-6422

Cooperative Wilderness Handicapped Outdoor Group
Idaho State University
Box 8118
Pocatello, ID 83209
208-236-3912

Shared Adventures
918-B Windham Street
Santa Cruz, CA 95062
408-458-9121

Vinland National Center
P.O. Box 308
Loretto, MN 55357
612-479-3555

Voyager Outward Bound School
10900 Cedar Lake Road
Minnetonka, MN 55343
800-328-2943

Wilderness Inquiry II
1313 5th Street SE #327A
Minneapolis, MN 55414
612-379-3858

Aerobics/Physical Fitness

National Handicapped Sports and Recreation Association
1145 19th Street NW #717
Washington, DC 20036
301-652-7505

Air Guns

National Wheelchair Shooting Federation /NWAA
3617 Betty Drive #S
Colorado Springs, CO 80907
303-597-8330

All Terrain Vehicles

Wheelchair Motorcycle Association
101 Torrey Street
Brockton, MA 02401
617-583-8614

Archery

Wheelchair Archery Sport Section/NWAA
3617 Betty Drive #S
Colorado Springs, CO 80917
303-597-8330

US Amputee Athletic Association
4024 Nolensville Road #B
Nashville, TN 37311
615-832-4242

Baseball

National Beep Ball Association
730 Hennepin Avenue #301
Minneapolis, MN 55403

Basketball

American Athletic Association for the Deaf
10604 East 95th Street Terrace
Kansas City, MO 64134
816-765-5520

National Wheelchair Basketball Association
110 Seaton Building
University of Kentucky
Lexington, KY 40506
606-257-1623

Special Olympics International
1325 G Street NW, Suite 500
Washington, DC 20005-3104
202-628-3630

Bowling

American Blind Bowling Association
67 Bame Avenue
Buffalo, NY 14215

American Wheelchair Bowling Association
N54 W15858 Larkspur Lane
Menomonee Falls, WI 53051
414-781-6876

National Deaf Bowling Association
9244 East Mansfield Avenue
Denver, CO 80237
303-771-9018

National Deaf Women's Bowling Association
Meadow Lark Lane
Erwin, SD 57233

Special Olympics International
1325 G Street NW, Suite 500
Washington, DC 20005-3104
202-628-3630

Canoeing

American Canoe Association
P.O. Box 248
Lorton, VA 22079
703-550-7523

Nantahala Outdoor Center
41 Highway 19 West
Bryson City, NC 28713
704-488-2175

Cycling

BOLD, Inc.
Blind Outdoor Leisure Development
533 East Main Street
Aspen, CO 81611
303-925-8922

The Funway Company
15940 Warwick Road
Detroit, MI 48223

Western Electric Company
Medical Engineering Division
Cicero & Cermak Road
Chicago, IL 60650

Diving

Amputee Sports Association
P.O. Box 60412
Savannah, GA 31420
912-927-5406

Equestrian

Association for Horsemanship Safety and Education
5318 Old Bullard Road
Tyler, TX 75703
800-399-0138

Cheff Center for the Handicapped
Augusta, MI 49012

BOLD, Inc.
Blind Outdoor Leisure Development
533 East Main Street
Aspen, CO 81611
303-925-8922

National Center for Therapeutic Riding
P.O. Box 42502
Washington, DC 20015
202-966-8004

National Foundation for Happy Horsemanship for the Handicapped
Box 462
Malvern, PA 19355
215-644-7414

North American Riding for the Handicapped Association
P.O. Box 33150
Denver, CO 80233
800-369-7433

Winslow Therapeutic Riding Unlimited
340 A 5 Route 94
Warwick, NY 10990

Fishing

HandiCapable Guide Service
P.O. Box 222
Gilbertsville, KY 42044

Outdoors Forever
P.O. Box 4811
East Lansing, MI 48826

Flying

American Wheelchair Pilots Association
3953 West Evans Drive
Phoenix, AZ 85023

California Wheelchair Aviators
1117 Rising Hill Way
Escondido, CA 92025
619-746-5018

Freedom's Wings International
277 Malapardis Road
Mooris Plains, NJ 07950
201-267-0479

Golf

Amputee Sports Association
P.O. Box 60412
Savannah, GA 31420
912-673-1135

Dwarf Athletic Association of America
418 Willow Way
Lewisville, TX 75067
214-317-8299

John Klein Singing Hills Country Club
3007 Dehesa Road
El Cajon, CA 92921
619-422-3425

National Amputee Golf Association
P.O. Box 128
Amherst, NH 03031
603-673-1135

National Deaf Golfers Association
1896 Dellwood Avenue North
Roseville, MN 55113

Peter Longo
P.O. Box 27283
Tempe, AZ 85282
602-893-2092

Special Olympics International
1325 G Street NW, Suite 500
Washington, DC 20005-3104
202-628-3630

United States Golf Association
Golf House
P.O. Box 708
Far Hills, NJ 07931-0746
908-234-2300

Gymnastics

Special Olympics International
1325 G Street NW, Suite 500
Washington, DC 20005-3104
202-628-3630

Hiking

BOLD, Inc.
Blind Outdoor Leisure Development
533 East Main Street
Aspen, CO 81611
303-925-8922

Horseback Riding

See "Equestrian"

Kayaking

Rick Ciccotto
Route 2 Box 589
Moncks Corner, SC 29461

Nantahala Outdoor Center
41 Highway 19 West
Bryson City, NC 28713
704-488-2175

Outdoor Adventure Trips

See "Adventure Programs"

Racquetball

National Wheelchair Racquetball Association
AARA
815 N Weber Street #203
Colorado Springs, CO 80903
714-861-7312

United States Wheelchair Racquet Sports Association
1941 Viento Verano Drive
Diamond Bar, CA 91765
714-861-7312

Road Racing

International Wheelchair Road Racer Club
30 Myano Lane
Stamford, CT 06902
203-967-2331

Wheelchair Athletics of the USA/NWAA
3617 Betty Drive #S
Colorado Springs, CO 80907
303-597-8330

Rowing

United States Rowing Association
201 South Capital #400
Indianapolis, IN 46223
317-237-2769

Rugby

United States Quad Rugby Association
811 Northwestern Drive
Grand Forks, ND 58201
701-775-0790

Sailing

American Wheelchair Sailing Association
512 30th Street
New Port Back, CA 92662

American Sailing Association
13922 Marquesas Way
Marina Del Rey, CA 90292
213-822-7171

Shake-a-Leg
P.O. Box 1002
Newport, RI, 02840
401-849-8898

US Sailing
P.O. Box 209
Newport, RI 02840-0209
401-849-5200

Scouting

National Advisory Committee on Scouting for the Handicapped
1325 Walnut Hill Lane
P.O. Box 152079
Irving, TX 75015
214-580-2127

Scuba

Handicapped Scuba Association
1104 El Prado
San Clemente, CA 92672
714-498-6128

Shooting

National Wheelchair Shooting Federation
545 Ridge Road
Wilbraham, MA 01095
413-596-4407

Skating

BOLD, Inc.
Blind Outdoor Leisure Development
533 East Main Street
Aspen, CO 81611
303-925-8922

Special Olympics International
1325 G Street NW, Suite 500
Washington, DC 20005-3104
202-628-3630

Skiing Programs and Resorts

American Blind Skiing Foundation
610 South William Street
Mt. Prospect, IL 60056
312-652-7505

BOLD, Inc.
Blind Outdoor Leisure Development
533 East Main Street
Aspen, CO 81611
303-925-8922

Breckenridge Outdoor Education Center
P.O. Box 697
Breckenridge, CO 80424
303-453-6422

Crested Butte Physically Challenged Ski Program
Crested Butte, CO
800-544-8448

Crystal Mountain Ski Resort
Crystal Mountain, WA
206-663-2265

Jackson Hole Physically Challenged Ski School Program
Jackson Hole, WY
307-733-2292

National Amputee Skiing Association
NHSRA
1145 19th Street NW #717
Washington, DC 20036

National Handicapped Sports and Recreation Association
1145 19th Street NW #717
Washington, DC 20036
301-652-7505

National Sports Center for the Disabled
Winter Park, CO
303-726-5514

National Wheelchair Athletic Association
3617 Betty Drive #S
Colorado Springs, CO 80917
303-597-8330

New England Handicapped Sportsmen's Association
P.O. Box 2150
Boston, MA 02106

Park City Handicapped Ski School
Park City, UT
801-649-3991

Ski for Light
1455 West Lake Street
Minneapolis, MN 55408
612-827-3232

Steamboat Springs Physically Challenged Ski Program
Steamboat Springs, CO
800-922-2722

Maine Handicapped Skiing
Sunday River Ski Resort
Sunday River, ME
207-824-3018

Tahoe Adaptive Ski School
Alpine Meadows, CA
916-581-4161

United States Deaf Skiers Association
8980 Rossman Highway
Diamondale, MI 48821
517-646-6811

Vail Disabled Ski School Program
Vail, CO
303-476-5601

Disabled Skiers Association of Vancouver
Whistler Ski Resort
British Columbia, Canada
604-737-3042

Softball

American Athletic Association for the Deaf
10604 East 95th Street Terrace
Kansas City, MO 64134
816-765-5520

National Wheelchair Softball Association
P.O. Box 22478
Minneapolis, MN 55422
612-437-1792

Swimming

Amputee Sports Association
P.O. Box 60412
Savannah, GA 31420
912-673-1135

BOLD, Inc.
Blind Outdoor Leisure Development
533 East Main Street
Aspen, CO 81611
303-925-8922

Physically Challenged Swimmers of America
3617 Betty Drive #S
Colorado Springs, CO 80907

Special Olympics International
1325 G Street NW, Suite 500
Washington, DC 20005-3104
202-628-3630

United States Amputee Athletics Association
4024 Nolensville Road #B
Nashville, TN 37311
615-832-4242

United States Synchronized Swimming
201 South Capital #510
Indianapolis, IN 46223
317-237-5700

Table Tennis

Amputee Sports Association
P.O. Box 60412
Savannah, GA 31420
912-673-1135

Special Olympics International
1325 G Street NW, Suite 500
Washington, DC 20005-3104
202-628-3630

United States Amputee Athletics Association
4024 Nolensville Road #B
Nashville, TN 37311
615-832-4242

United States Wheelchair Table Tennis
3617 Betty Drive #S
Colorado Springs, CO 80907
303-597-8330

Tennis

National Foundation of Wheelchair Tennis
15441 Red Hill Avenue #A
Tustin, CA 92680
714-259-1531

Peter Burwash International
Special Tennis Programs
2203 Timberloch Place
Woodlands, TX 77380
713-363-4707

Volleyball

Amputee Sports Association
P.O. Box 60412
Savannah, GA 31420
912-927-5406

Special Olympics International
1325 G Street NW, Suite 500
Washington, DC 20005-3104
202-628-3630

Waterskiing

American Water Ski Association
799 Overlook Drive
P.O. Box 191
Winter Haven, FL 33882
813-324-4341

Kan Ski
2704 Highway 99
Biggs, CA 95917
916-989-4541

Weight Lifting

Casa Colina Work It Out Program
255 Bonita Avenue
Pomona, CA 91767
714-593-7521

National Institute of Health Fitness Center
9000 Wisconsin Avenue Building T-39
Bethesda, MD 20205
301-496-TRIM

National Wheelchair Athletics Association
3617 Betty Drive #S
Colorado Springs, CO 80907
303-597-8330

Special Olympics International
1325 G Street NW, Suite 500
Washington, DC 20005-3104
202-628-3630

United States Amputee Athletics Association
4024 Nolensville Road #B
Nashville, TN 37311
615-832-4242

Wilderness Activity Programs

See "Adventure Programs"

Winter Activities

See "Skiing Programs and Resorts"

Publications

Compiled by

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Rogue Valley Medical Center, Oregon

Access America: An Atlas and Guide to the National Parks for Visitors with Disabilities
Northern Cartographic
Dept. AA, P.O. Box 133
Burlington, VT 05405

Access to Recreation Catalog
2509 East Thousand Oaks Boulevard #430
Thousand Oaks, CA 91360

ADA Facilities Compliance Program
HDH Associates
P.O. Box 230
Salem, VA 24153

Americans with Disabilities Act Accessibility Guidelines
US Department of Transportation
Barriers Compliance Board
1331 F Street NW #1000
Washington, DC 20004-1111

Bridges to Accessibility: A Primer for Including Persons with Disabilities in Adventure Curricula
American Camping Association
5000 State Road 67 North
Martinsville, IN 46151-7902

California Park and Recreation Society Directory Service
California Park and Recreation Society
P.O. Box 161118
Sacramento, CA 95816

Camp Director's Primer to the Americans with Disabilities Act of 1990
American Camping Association
5000 State Road 67 North
Martinsville, IN 46151-7902

Climbing Magazine
P.O. Box 339
Carbondale, CO 81623

Creating a Healthy Camp Community
American Camping Association
5000 State Road 67 North
Martinsville, IN 46151-7902

Directory of Agencies and Organizations Serving Deaf-Blind Individuals
Helen Keller National Center
111 Middle Neck Road
Sands Point, NY 11050

Directory of Recreation Resources for the Handicapped
11066 G on Salves Place
Cerritos, CA 90701

Disability Etiquette
National Easter Seal Society
230 West Monroe Street
Chicago, IL 60606

Disability Law: A Legal Primer
New Jersey State Bar Foundation
1 Constitution Square
New Brunswick, NJ 08901-1500

Disabled Research Directory
Department of Physical Education
Washington State University
Pullman, WA 99164

Easter Seal Guide to Special Camping Services
National Easter Seal Society
230 West Monroe Street
Chicago, IL 60606

Everybody Belongs: Tips for Including Your Child in Community Recreation
New Hampshire Developmental Disabilities Council
10 Ferry Street Unity 315
Concord, NH 03301

Exceptional Parent Magazine
P.O. Box 5446
Pittsfield, MA 01230-9321

Exploration
30 Alcott Street
Acton, MA 01420

Focus on Ability: Serving Girls with Special Needs
Girl Scouts of the USA
830 3rd Avenue
New York, NY 10022

Friends Who Care
National Easter Seal Society
230 West Monroe Street
Chicago, IL 60606

Frost's Summer Camp Guide
50 Parkhill Road
Harrington Park, NJ 07640

Guide to Federal Benefits and Programs for Handicapped Citizens and their Families
National Governmental Affairs Office
1522 K Street #516
Washington, DC 20005

Integrated Outdoor Education and Adventure Programs
Sagamore Publishing Inc.
P.O. Box 673
Champaign, IL 61824-0673

Issues in Therapeutic Recreation: A Profession in Transition
Sagamore Publishing Inc.
P.O. Box 673
Champaign, IL 61824-0673

Life: Leisure is for Everyone
University of North Carolina
730 Airport Road #204
Chapel Hill, NC 27599-8145

Morning/Afternoon Recreation Programs: A How-To Manual
West Central Community Center
North 1603 Belt
Spokane, WA 99205

Myths and Facts About People Who Have Disabilities
National Easter Seal Society
230 West Monroe Street
Chicago, IL 60606

Palaestra: Forum of Sport, Physical Education and Recreation for the Disabled
Challenge Publications
P.O. Box 508
Macomb, IL 61455

Recreation Resource Guide for Individuals with Spinal Cord Injuries
UAB Spinal Rehabilitation
1717 6th Avenue South #506
Birmingham, AL 35233-7330

Rock and Ice Magazine
P.O. Box 3595
Boulder, CO 80303

Special Education in the Natural Environment
American Camping Association
5000 State Road 67 North
Martinsville, IN 46151-7902

Together Successfully: Creating Recreational and Educational Programs that Integrate People with and without Disabilities
ARC
P.O. Box 1047
Arlington, TX 76004

Easter Seal Residential Camps

Alabama

Camp ASCCA-Easter Seals
Jerry Bynum, Camp Administrator
P.O. Box 21
Jackson Gap, AL 36861
205-825-9226

Camp Civitan-Easter Seals
John Stephenson, Director
460 Civitan Road
Dadeville, AL 36853
205-825-9016

Alaska

Camp Caribou
V. Guiterrez, Executive Director
Easter Seal Society of Alaska
2525 Blueberry Road #106
Anchorage, AK 99503
907-277-7325

Arizona

Easter Seal Society of Arizona
Beth Lucas, Coordinator of Camping
903 North Second Street
Phoenix, AZ 85004
602-252-6061

California

Camp Eagle Lake
Easter Seal Society for the Redwood Coast
1074 East Aven, Suite A-1
Chico, CA 95926
916-894-0205

Camp Harmon
Brooke Graff, Associate Camp Director
Easter Seal Society for Central California
9010 Soquel Drive North, Suite 1
Aptos, CA 95003
408-684-2380

Easter Seal Camp Oakes
Brian Bost, CEO
Easter Seal Society of the Inland Counties
241 East Ninth Street
San Bernardino, CA 92410
909-888-4125

Easter Seal Society for Central California
Jane Carr, Camp Director
16403 Highway 9N
Bouldercreek, CA 95006
408-338-3383

Colorado

Rocky Mountain Village
Christine Newell, Director of Camping and Recreation
Colorado Easter Seal Society
P.O. Box 115
Empire, CO 80438
303-892-6063

Connecticut

Hemlocks Recreation Center
Tom Huffman, Camp Director
Easter Seal Society of Connecticut
P.O. Box 198
Hebron, CT 06248
860-228-9496

Florida

Camp Challenge
Ed Hanna, Director of Camping
Florida Easter Seal Society
31600 Camp Challenge Road
Sorrento, FL 32776
352-383-4711

Illinois

Easter Seal Camp
Kathleen Connelly, Camp Director
RR #2 Box 39
Timber Point Outdoor Center
Hudson, IL 61748
309-365-8021

Easter Seal Camp
Peg DiPiepro
Easter Seal Rehabilitation Center
1230 North Highland Avenue
Aurora, IL 60506
630-896-1961

Indiana

Camp Isanogel
Brandy Ingermann, Camp Director
Indiana Easter Seal Society
7601 West Isanogel Road 50N
Muncie, IN 47304
317-288-1073

Camp SOAR
Carrie Kanehl, Program Director
Easter Seal Committee
4401 South Poplar Drive
Columbus, IN 47201
812-342-0134

Red Cedar Center
Max Parrott, Camp Director
Northeastern Indiana Easter Seal Society
3900 Hursh Road
Fort Wayne, IN 46845
219-637-3608

Iowa

Camp Sunnyside
Michael Levandowski, Director of Camping
Easter Seal Society of Iowa
P.O. Box 4002
Des Moines, IA 50333-4002
515-289-1933

Kentucky

Easter Seal Camp KYSOC
Sallie Price, Camp Director
1902 Easterday Road
Carrollton, KY 41008
502-732-5333

Maine

Pine Tree Camp
Joe Haney, Camp Director
Easter Seal Society of Maine
RFD 2
Oakland, ME 04963
207-397-2141 summer

Maryland

Fairlee Manor Recreation and Educational Center
Joe Baggot, Program Director
22242 Bay Shore Road
Chestertown, MD 21620
410-778-0566

Michigan

Camp Ability
Sally Walker, Camp Director
Genesee County Easter Seals
1420 West 3rd Avenue
Flint, MI 48504
810-238-0475

Nebraska

Camp Easter Seal
Andi Reed, Camp Director
Nebraska Easter Seal Society
2470 Van Dorn Road
Milford, NE 68405
402-761-2875

New Hampshire

Easter Seal Camp
Lisa Fitzgerald, Camp Director
Easter Seal Society of New Hampshire
555 Auburn Street
Manchester, NH 03103
603-623-8863

New Jersey

Camp Merry Heart
Mary Ellen Ross, Director of Camping
Easter Seal Society of New Jersey
21 O'Brien Road
Hackettstown, NJ 07840
908-852-3896

New Mexico

Easter Seal Camp
Carolyn Siebert, Camp Director
Easter Seal Society of New Mexico
2819 Richmond Drive NE
Albuquerque, NM 87107
505-888-3811

North Carolina

Easter Seal Society of North Carolina
Jeff Smith, Manager of Recreation Services
2315 Myron Drive
Raleigh, NC 27607
919-783-8898

Oregon

Camp Easter Seal
Tom Hanks, Camp Director
Easter Seal Society of Oregon
3575 Donald Street
Eugene, OR 97405
503-228-5108

Tennessee

Camp Easter Seal
Mike Currence, Director of Camping and Recreation
Easter Seal Society of Tennessee
6300 Benders Ferry Road
Mt. Juliet, TN 37122
615-444-2829

Texas

Easter Seal Society of the Permian Basin
Pam Ryales, Special Events Coordinator
620 North Alleghany
Odessa, TX 79761
915-332-8244

Virginia

Easter Seal Society of Virginia
Eric Dresser, Director of Camping and Recreation
P.O. Box 5496
Roanoke, VA 24012
504-362-1656

Washington

Camp Easter Seal-West
Peggy Smith, Vice President of Program
Easter Seal Society of Washington
17719 South Vaughn Road
P.O. Box J
Vaughn, WA 98394
206-884-2722

Wisconsin

Easter Seal Society of Wisconsin
Ken Saville, Vice President of Respite Recreation
101 Nob Hill Road, Suite 301
Madison, WI 53713
608-277-8288

Glossary
Selected Disability Terms

Acquired Immune Deficiency Syndrome (AIDS). A condition in which the ability to ward off infection is compromised by the human immunodeficiency virus. HIV is known to be contracted by the intermingling of body fluids, specifically blood or semen.

Amputation. The removal of part or all of a limb. Limb functioning depends largely on the site of the amputation. A person with a below-the-knee or below-the-elbow amputation can regain substantially more functional ability than a person with an above-the-knee or above-the-elbow amputation due to greater ability to completely flex and extend surrounding muscles and joints.

Arthritis. An inflammation of the joints. *Juvenile rheumatoid arthritis* occurs in children ages two to eleven years.

Asthma. A condition caused by violent contraction of the bronchial tubes due to allergies, exercise, or irritations and resulting in wheezing, coughing, and breathing difficulty.

Atlantoaxial instability. A condition involving the first two cervical vertebrae. The muscles surrounding the atlas and axis vertebrae are weak and permit the vertebrae to slip out of alignment, causing damage to the spinal cord. Activities that involve forceful forward or backward bending of the neck should be avoided.

Attention deficit disorder. A disorder resulting in impulsive behavior. Individuals with attention deficit disorder may also be restless, hyperactive, or inattentive.

Autism. A disorder characterized by extreme withdrawal, language impairment, obsessive demand to keep the environment stable, and monotonous repetition of motor actions.

Cancer. A condition of unknown etiology in which the body cells multiply in an abnormal manner and cause tumors. Cancer is second only to accidents in the cause of death for children ages one to fifteen years.

Cerebral palsy. A neuromuscular condition caused by damage to the motor areas of the brain, resulting in lack of voluntary muscle control.

Convulsive disorder. See **seizure disorder.**

Cystic fibrosis. An inherited condition characterized by overproduction of mucus, which causes progressive lung damage, and by impaired absorption of fat and protein.

Deafness. The inability to successfully use hearing to understand speech, even with use of a hearing aid.

Diabetes mellitus. A disorder of the pancreas characterized by inadequate production of insulin and the inability of the body to properly use carbohydrates. The condition leads to elevated blood sugar levels (hyperglycemia) or insufficient blood sugar (hypoglycemia).

Down Syndrome. See **mental retardation.**

Duchenne. See **muscular dystrophy.**

Epilepsy. More appropriately called **seizure disorder** or *convulsive disorder*.

Hearing impairment. Measurable hearing loss resulting from defects in the hearing apparatus or process.

Hemophilia. A hereditary blood disease in which blood fails to clot and abnormal bleeding occurs.

Juvenile rheumatoid arthritis. See **arthritis.**

Legal blindness. Defined as 20/200 vision with corrected vision in the better eye (the ability to see at 20 feet what the normal eye can see at 200 feet.)

Mental retardation. Refers to substantial limitations in a person's capabilities, including significant lower intellectual functioning that begins before the age of eighteen years and is accompanied by deficits in adaptive behavior. *Down Syndrome* is the most common type of chromosome disorder resulting in mental retardation.

Multiple sclerosis. A progressive disease of the central nervous system in which individuals may exhibit unsteady gait, clumsiness, weakness, emotional disturbance, and incontinence.

Muscular dystrophy. A genetic disease characterized by loss of muscle fiber and progressive muscular weakness. The most common type is *Duchenne*, which is inherited by males and usually causes death by age twenty-five.

Orthopedic impairment. An impairment of the bones and/or muscles that adversely affects major life performance.

Paraplegia. Paralysis or partial paralysis of the lower part of the body, including both legs; usually results from injury to or disease of the spinal cord.

Partially sighted. See **visual impairment.**

Quadriplegia. Paralysis or partial paralysis in all four limbs. About half of the persons with quadriplegia have incomplete paralysis.

Seizure disorder. An involuntary increase in electrical impulses in the brain that results in seizures. Commonly called *epilepsy*.

Sickle cell anemia. A hereditary chronic form of anemia that causes the blood cells to be sickle or crescent shaped, interfering with oxygen transport. Increased pain in the abdomen or joints, accompanied by fever, could be indicative of sickle cell crisis.

Specific learning disabilities. Defined by federal legislation as a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

Spina bifida. A malformation that occurs at birth where the vertebrae that protect the spinal nerves do not develop fully. The result is paralysis or lower extremity impairment.

Visual impairment. Visual acuity better than 20/200 but not greater than 20/70 in the better eye after correction. Also called *partially sighted.*

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Ten Commandments
For People in the Helping Professions

1. *Be alert* to the needs of people you serve and cheerfully try to meet those needs. What counts most in life is what we do for others.
2. *Be genuinely interested* in people. You can like almost anyone if you try.
3. *Speak to people.* There are few things as nice as a pleasant word or greeting.
4. *Smile at people.* It takes much more effort to frown than it takes to smile.
5. *Call people by name.* The most delightful sound to anyone is the sound of their own name.
6. *Be friendly and helpful.* If you want to have friends, be a friend.
7. *Be cordial.* Speak and act as if everything you do is a genuine pleasure.
8. *Be generous with praise,* cautious with criticism.
9. *Be considerate* of the opinions and feelings of others. A controversy often has three sides: yours, the other person's, and the right side.
10. *Always maintain* a good sense of humor, lots of patience, and just enough humility, and you will be rewarded manyfold.

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